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ORIGINAL COMMUNICATIONS.

Artificially Shortened Funis—with Rupture before Delivery.

Read before the Northern Medical Association of Philadelphia, January 21st, 1847. By Wilson Jewell, M. D.

Numerous causes have been assigned by obstetricians for protracted and difficult labour. Among others will be found, "a short funis," and "one or more coils of the cord around the neck of the child." The first of these may be viewed as a natural or an absolute, the latter, as an accidental or relative cause for delay in the birth. A cord short enough to retard delivery, could in no instance be coiled around the neck of the child, and a cord of a length sufficient to enable the child to pass through a loop once or oftener, could be no hindrance to the free exit of the fœtus without this occurrence, hence, these may be considered and treated of, as separate and distinct causes for tedious labour.

A shortened funis, either natural or accidental is so seldom the cause of tedious labour, or so rarely demands artificial aid in the progress of delivery, that some authors have not classed it among the causes for complicated labour, while others lay but slight stress upon it, deeming it of too little importance to require a special section for its consideration. Yet it does occur, though but rarely, and according to Moreau is one of the causes in the fœtus for rendering natural labour artificial—is an obstacle to parturition, exposing the mother to accidents, and endangering the life of the child.

Collins, in his practical treatise on midwifery, makes no allusion whatever to a naturally shortened funis, as though it never occurred, and has only a bare reference to an artificial shortening of the cord, under the head of natural labours, where he directs that the cord when around the neck should be brought over the head or passed back over the shoulders—for fear that the cord might act as a ligature, pressing on the neck of the child and checking the circulation—or injure the mother by dragging away the placenta, causing hemorrhage, or by inverting the uterus; but he gives no certain directions how to proceed in the event of not being able to remove the cord, either by passing it over the head or back over the shoulders. Nor can I find, that in the 16,654 births of which he gives the result, there is one instance recorded of shortened funis.

Baudelocque, of whom our American Baudelocque, the lamented Dewees, said he held himself indebted for nearly all he knew on midwifery—Baudelocque, whose genius and well tried experience none will doubt,—holds the following sentiment on this point of practice, which he places under the head of causes of preternatural labour.

"It is generally supposed that the cord by its shortness, or frequent windings on the child, opposes obstacles to delivering; such as keeping the head back, or if it allows it to advance during pain, it makes it recede immediately after; thus mistaking the reaction of the perineum and bones of the cranium, for the action of the cord. This will point out the futility of the advice of some authors who recommend the cutting of the cord, &c."

Dewees follows in this instance, very closely his master Baudelocque, but goes a little further. In his section on "Too short a cord," he says, "I shall not positively deny, that too short a cord, either artificial or natural will interrupt a natural labour, but I must say, I have never seen an instance; and also that I entertain strong doubts of its possibility."

Rigby, in his valuable work on obstetrics, gives practical directions in case of an accidental short cord, and its acting as a ligature on the neck of the child, and where it cannot be removed, to divide it—but adds, "we believe that this is rarely if ever necessary; for in proportion as the child advances, so does the fundus descend, and thus relieves, in some measure, the tension to which the cord is exposed." Under the head of difficult labours from faulty condition of the parts which belong to the child, he admits that "the umbilical cord may obstruct labour, by either being too short, or rendered so from being twisted round some part of the child," but on the very next page, as though he had forgotten his admission which I have just quoted, he says, "we quite agree with Professor Naegle, that unusual shortness of

the cord can rarely if ever retards labour," and then again on the following page he adverts to the twisting of the cord around the neck, and adds, that it may not only retard labour, but destroy the child, by preventing the free return of blood from the head, either before the birth, or during the actual process of labour.

He also cites La Motte's and Burton's cases, where it became necessary in one case to cut the cord, which was done before the head was expelled from the os externum, in order to relieve the mother from danger and save the life of the child.

The cautious Blundell, who is certainly a very discriminating and safe practitioner, treats this whole subject very loosely. On page 111,* he makes mention of the cord being coiled round the neck six or seven times, and gives directions about removing it, but closes his remarks by saying, "a better method is to leave the cord around the neck, until the body be born, when it may be disentangled with facility." Under the variety of laborious labour, page 312, the same author doubts whether brevity of the cord gives rise to laborious labours, and thinks the shortness of the cord never makes itself felt, until after the head has escaped the vagina.

Ramsbotham in his practical work on midwifery, does not cite a case, in all his experience, of a short funis either natural or artificial, becoming the cause of protracted or dangerous labour involving either mother or child.

Lee, on the other hand, p. 240,* says that a short cord is the cause of delay, and cites Smellie's case, where the funis was three times around the neck, and where labour was protracted several days. He also says, unequivocally that from shortness of the umbilical cord without surrounding the neck of the child, it has been torn during the expulsion of the trunk and lower extremities. When the cord is around the neck of the child, he says the labour is sometimes protracted, and the head of the child retracted or drawn up after every pain, and that the cord has to be tied and divided before the child's body can be born.

Burns says, the cord may be on the stretch, but it never happens that it is torn, p. 79. vol. 2.† When the head is born with the cord around the neck he says, that some advise the cord to be cut, but his opinion is, that such a course "is rarely necessary, for the child may be born, though the cord remain about the neck."

The late Dr. James of this city, was of opinion, that retraction of the head was rarely caused by shortening of the cord or its being coiled around the neck—but was occasioned by rigidity of reaction of the external parts of the mother.

*Edition Select Medical Library.
†James' Burns, Edition, 1817.

Denman, p. 326, notices delay and difficulty, where the head has been expelled and the funis twisted round the neck, and he says, "lest the placenta should be separated, or the body of the child be hindered from advancing till it suffers detriment, or is brought into absolute danger," the cord must be brought over the head. If this cannot be done, slide the funis back over the shoulders; if either of these intentions cannot be accomplished without violence, they must be omitted, nevertheless the child will be usually expelled, if we wait for the return of a few pains, which we may safely do without any other inconvenience than some increased distention of the perineum. Where, however, the child is retarded a long time, the funis may be divided before it is expelled.

Professor Meigs, in his excellent manual, "The Philadelphia Practice of Midwifery," designed principally for students, but containing many choice reflections, gives similar directions as those authors already quoted, in cases where the cord is around the neck of the child—but says, if "the child seems to be detained by the tightness of the cord, as does rarely happen, or in danger from the compression of its jugular veins, the funis may be cut with the scissors and tied after the delivery."

The umbilical cord varies in length; while it is usually found about the length of the fœtus, say from eighteen to twenty inches, it has been found as long as eighty-four inches by Desormeaux, and the shortest one known, was only two inches in length. This occurred in the General Lying-in-Hospital in London, where after two or three violent pains, the child was suddenly expelled and the cord was found ruptured two inches from its navel. The other end of the funis was sought for, but could not be found; on removing the placenta from the uterus, it was discovered that the cord had been ruptured at its very insertion.

The shortening of the umbilical cord, by being coiled around the neck of the child, is of frequent occurrence, and according to some authors, takes place as often as once in five or six cases. I agree in opinion with those writers whom I have quoted, that the cases of difficulty arising from such a shortening are rare. But that they do occur, that they may cause delay, retard delivery, endanger the life of the child, and that the cord may be ruptured before the delivery of the body of the child, I would present the following case in point, from my memorandum of cases.

On the twentieth day of August, 1846, I was sent for about 12, M., to visit Mrs. R. in labour with her fifth child. As her previous accouchement had been remarkably quick, and as I had been informed, so were her former ones, I made all haste and was soon at her bedside, where I found her in strong pains. An

examination per vaginam, led at once to the opinion that I was "just in time" to receive the child, as the head was pressing forcibly during the pain against the perineum. I was, however, doomed to experience disappointment in my sanguine hope of a speedy delivery and a short detention. As the pain subsided, the head receded quite high up, and remained there, until the following pain brought it down once more to the "crowning" point of labour. Again and again, for many successive pains, I was obliged to contend with this alternate advancing and receding of the head, until the clock struck two, and until my patience was wearied, and my patient and her friends wondered at the delay.

Although unable to diagnosticate by the touch without the introduction of the hand, yet I surmised and even communicated my suspicions as to the cause of the impediment, to be, either a natural or artificial shortening of the funis. I was led to this opinion, because there was a normal conformation of the pelvis of the mother and the fœtal head of the child, because the soft parts were fully and sufficiently relaxed for every necessary purpose, because the uterine contractions were vigorous and frequent, and because the head was in the first position of Baudelocque, being the most favorable for the termination of labour without the interposition of art, unless there existed some mal-conformation of the body of the fœtus, or, as I suspected in the present case, either an artificial or natural shortening of the umbilical cord.

For more than two hours I waited and watched anxiously the result. At length a powerful and continued effort of the womb expelled the head of the child beyond the vulva, but when the uterine action had ceased, the head remained firmly wedged against the os externum.

The appearance of the child at this stage of the birth, indicated immediate strangulation, unless relief could be afforded, as I now discovered by passing my finger around the neck, that it was closely compressed by being encircled with two turns of the cord, which by this arrangement, was artificially shortened. The face was now assuming a very dark purple colour from the accumulation of blood in the return vessels, in consequence of the obstruction of the jugular veins. There was no time to lose. Accordingly, I made an effort to remove the cord by bringing down a loop and passing it over the head, but it was drawn so tight that I found it difficult even to insert my finger beneath it, much less to bring down a portion and slip it over the head or pass it back over the shoulders, as various authors direct.

Thus situated, I was in momentary fear of witnessing those spasmodic jerks, which are so clearly indicative of the death of the fœtus, when another pain returned. At this crisis, I determin-

ed to pass my finger beneath that portion of the cord which was coiled around the neck, not only to prevent an increase of pressure on the circulation of the jugular vessels, but to separate the cord and thus relieve the extreme danger, when suddenly the cord gave way, and almost at the same moment of time the child was precipitated into the world and lay at the breech of the mother. The bleeding from the ruptured umbilical extremity of the funis soon relieved the apoplectic symptoms. I put a ligature on the umbilical extremity of the cord, which, singular to relate, was ruptured about two inches from the navel. In a very few minutes the child breathed and cried freely, and I handed to the nurse a fine healthy boy.

The placenta came away in season, and from that hour the mother and child did well.

There are two points in the above case of "artificially shortened funis with rupture before delivery," which may afford us subjects for practical reflection.

1. Can a shortened funis obstruct delivery?
2. Would it endanger the life of the mother or child?

All authors to whom I have had access, agree that one or more coils of the umbilical cord around the neck of the fœtus is a common occurrence, happening as often as once in every six or seven labours; but that it ever changes a natural into a preternatural labour, they are not so well agreed.

Baudelocque, Dewees, James, Burns and Blundell, do not believe that a short cord ever protracts or retards labour, while on the other hand, Smellie, Rigby, Lee, Moreau, Denman and Meigs are of opinion that it may produce delay, though rarely, and each of them give some directions how to proceed when it does occur.

I fully agree in opinion with these last named gentlemen, and although my case was not protracted for several days as was that of Smellie's, still it does not change the principle, nor my opinion, that the case of Mrs. R. was hindered for two hours, and perhaps longer, by an artificially shortened funis.

Would a shortened funis endanger the life of the mother or child?

Here I have not the least hesitation in pronouncing judgment in the affirmative, and am supported in my opinion by Baudelocque, Lee, Moreau and others.

In the expulsion of the fœtus, the violence of the dragging pains may tear the placenta from the womb, and expose the mother to a destructive flooding, or produce an inversion of that organ, or the pressure of the cord around the neck of the child may retard the free circulation of the blood in the brain, producing asphyxia, apoplexy and death, or should the cord rupture and assistance not be at hand, the child might perish from

the loss of blood. On this point there can be but little difference of opinion. Almost every author I have consulted, gives short directions for the removal of the cord from the neck of the child, and several of them recommend the cutting of it before the body shall be delivered, in order to protect its life.

Who would be willing to follow the recommendation of Blundell, and believe with him that "a better method" is to leave the cord around the neck until the body of the child is born, rather than remove it or cut it, when it was evident from the livid suffusion of the countenance of the half-born fœtus, that the circulation was impeded and death threatening? It is in such a case that procrastination would be attended with danger. It is here, that a "meddlesome midwifery," to employ in part the language of this fanciful writer, would be proper, rather than trust the case in the hands of that "excellent accoucheur in natural labour—Nature, the mother of us all."

The case I have presented is one of interest, and not only rare in its occurrence, but still more novel in its character; for as far as my researches have extended, I find no such instance on record. Baudelocque believes that it is possible for a cord, if short, to be ruptured before delivery; and Rigby says it has taken place, and he furnishes a reference in the London Med. and Surg. Journ. for May, 1835, p. 426, of a case which happened in the London General Hospital—but it was one of natural shortening of the cord—which was only two inches in length, and was ruptured before the child could be born. La Motte's cases and Burton's cases, as cited by Rigby, were artificial shortenings, but in neither of these did a rupture take place spontaneously before delivery. Burton ruptured both of his, and La Motte, who had three cases, cut one with his scissors, dragged another away with the placenta, and the third was delivered with little else than force.

Retention of Urine, a Sequela of Scarlatina, successfully treated with Strychnia. By Geo. L. Upshur, M. D.

W. H——, a delicate child, æt. 7, of a nervous temperament and strumous diathesis, was attacked January 21st with ordinary symptoms of catarrh, accompanied by considerable febrile excitement, though he did not feel sufficiently indisposed to go to bed. On the 22d, he complained a little of sore throat; had not been exposed to scarlatina, but there was a case of well marked rubeola two doors off. Fever continued moderate until the night of the 24th, when it became higher, and the catarrhal symptoms were entirely superseded by the sore throat. I was called to

see him on the morning of the 25th, and found his condition as follows: Face flushed; throat red, swollen, and painful; headache; tongue furred white, with papillæ projecting; constant nausea and vomiting; and over the whole surface of the body there was an eruption partaking of the character of the rash of scarlatina and measles combined, but not sufficiently distinct to render the diagnosis certain; there was no cough or suffusion of the eyes. *Prescription.*—Warm mustard pediluvium. ℞. Pulv. Hyd. Chlor. Mit. gr. viii, Pulv. Ipecac. gr. iv, M. Pil. 4,—S., one every two hours. 26th. Rash abundant, and evidently that of scarlatina; fever moderate; thirst; great tenderness of the surface where the eruption is found; bowels were moved during the night; no nausea; thirst less painful. The patient continued in this condition without other treatment than a dose of Ol. Ricini, until the 29th, when the throat being more painful, I prescribed an emetic of Ipecac. and a gargle made of infusion of carrots.

From this time the patient commenced to convalesce, and I should not have bestowed further attention upon the case, but for the illness of another child in the same house. On the 9th of February, he complained to his mother of pain about the neck of the bladder, and inability to urinate. I was requested to see him in the afternoon of the 10th. Found him feverish, the bladder considerably distended, and suffering with headache. Had passed little or no urine since early in the morning. Ordered him to be put in a warm bath, and to take an ounce of caster oil and forty drops of laudanum immediately.

11th. Bladder very much distended; passed a restless night; bowels were moved twice, but no urine came away during the night; this morning there is stylicidium. Introduced the catheter, the operation being somewhat difficult from the smallness of the parts, and the existence of a partial congenital phymosis. There were three spasmodic strictures, situated about half an inch apart, the first one being about an inch from the external orifice of the urethra. By keeping the point of the catheter steadily pressed upon the seats of stricture, in the course of ten minutes they gave way and the instrument entered the bladder. About eight ounces of urine were drawn off; when it ceased to flow, the catheter being clogged with mucous. After trying in vain to clear it with the wire staff, I was obliged to withdraw it, and he refused to permit me to introduce it again. The urine was turbid, and of the odour of asparagus.

12th. Passed no urine during the night, and has slept none; considerable fever and a haggard countenance. Ordered successively, a warm bath; tobacco leaf steeped in alcohol to the perineum; nauseating doses of tartar emetic: and last an opiate enema. All of these means failing to relieve, resorted again to

the catheter, being obliged to have the patient forcibly held. Drew off about a quart of urine with entire relief.

13th. Symptoms as yesterday. Ordered a cathartic and large doses of the Tr. Ferri Chlor. Passed no urine during the day, and in the evening introduced the catheter.

14th. Could not get the catheter more than two inches in the urethra, the stricture refusing to yield though pressed upon for twenty minutes. Ordered forty drops of laudanum, and repeat it if necessary.

15th. Bladder much distended, although the urine has been dribbling away all night. Again tried the catheter. After holding it against the stricture a few minutes, the spasm suddenly gave way, and a stream of urine forcibly ejected the instrument from the urethra; he passed about half a pint, when it suddenly stopped, causing great pain. Ordered the following:

℞. Strychniæ, gr. ss.
Pulv. Rhei, gr. xx.
M. Pil. 8.—S. One every five hours.

16th. Has taken four pills, and passed during the night about half a pint of urine. Complains of pain in the epigastrium; there is some twitching of the extremities. Continue the pills every four hours. In the evening he was free from fever and had urinated tolerably freely during the day.

17th. Passes his urine better, but there is still some pain and spasm about the neck of the bladder. Continue treatment. *Evening.* Twitching better marked and very general; observed it even in the occipito-frontalis muscle. Urinates with little or no difficulty. Discontinue medicine.

18th. Bowels moved during the night, and urine voided as in health. From this time he convalesced rapidly, and is now (March 5th) perfectly well.

Remarks. No writer upon scarlatina speaks of retention of urine as one of its sequelæ, and I am disposed to look upon its occurrence in this instance as a coincidence instead of a sequence. The child was of a nervous, irritable temperament, and in all probability any febrile action continued for several days would have been followed by the same effect. Be this as it may, however, retention of urine, under any circumstances, may justly be considered a distressing and serious complaint, for the relief of which a variety of remedies have, from time to time, been suggested.

Mr. Holbrook (*Med. Chir. Rev., March*, 1824) recommends the use of active cathartics, and reports several cases of cure from their employment. This treatment is based upon the well-known fact that the rectum is seldom or never evacuated without a simultaneous emptying of the bladder.

M. Gerard (*Jour. des Connais. Med. Chir., May*, 1835) successfully treated four cases of retention of urine by frictions with ointment of belladonna over the hypogastrium. Before resorting to this treatment, the warm bath, opiates, venesection, leeches and anodyne enemata were tried without success. The ointment was made by rubbing up ʒij. of the Ext. Belladon. with ℥j. of lard.

Dr. Somervail (*Am. Jour. Med. Sci.*, Vol. xvi, p. 250) relates a case cured by muriate of ammonia, in doses of five grains every hour. He thinks the retention was caused by a large dose of solution of morphia, which the patient had taken for the relief of violent pain.

The only case I can find recorded in which strychnia has been employed for retention of urine, is given by Dr. Cory (*Med. Chir. Rev., July*, 1839.) The patient was left, after labour with her first child, with total loss of power on the part of the bladder. It was necessary, for her relief, to use the catheter twice a day for three weeks. She was ordered to take one-sixteenth of a grain of strychnia three times a day. "I was, I must confess," says the author," "somewhat surprised to find my patient, after taking the second dose, pass her urine *sùâ sponte*, and with ease and comfort to herself." The medicine was continued until about a grain had been taken, when the cure was complete. The author does not mention the use of any other means except the catheter.

Ergot, muriated tincture of iron and cantharides, have been highly extolled in the treatment of retention of urine. I have never given any of these except the Tr. Chlor. Fer., which failed in the case above reported, although the trial was a fair one. I should be more disposed to rely, in future, upon the belladonna ointment or the strychnia. The efficacy of these remedies, however, depends, of course, upon the cause of the affection. In retention of urine, so often found in old men, and which is dependent upon enlargement of the prostate gland, I presume they would not benefit at all. But where the retention is dependent upon spasmodic stricture of the urethra, or paralysis of the fundus of the bladder, or upon both these conditions, I feel persuaded that but a very small proportion of such cases would refuse to yield to this treatment.

Norfolk, (*Va.*,) March 5th, 1847.

On the Effects of large doses of the Sulphate of Quinine. By Wm. Alexander Thom, M. D., of Eastville, Northampton County, Virginia.

To the Editor of the Medical Examiner.

In these days of ultraism and exclusiveness in medical matters, I have thought it might not be amiss to report the following cases, illustrative of some of the effects of very large and frequently repeated doses of quinine. I regret that the imperfect notes of the cases preserved, will permit my giving little more than an outline of the symptoms and treatment; enough, however, remains to show that the quinine was the direct cause of the unpleasant symptoms occurring at the conclusion of the treatment; and although all the cases ultimately did well, they still warn us of the dangers attending the indiscriminate administration of this most valuable, but much abused agent. All the cases occurred in the course of the past fall, and three out of four in children of from six to eight years of age, and all were ill with some modification of miasmatic fever, assuming the ordinary remittent or congestive form distinguishing our autumnal diseases. The fourth case will be found to furnish another instance of amaurosis produced by quinine, and affords additional evidence of the correctness of Dr. McLean's opinion on this subject, as expressed in an article transferred to the "Record" of the *Examiner* for February of this year. This was the first case of the kind which had ever come under my observation, in which the effect so immediately followed the administration of the remedy; and I was somewhat at a loss whether to ascribe it to this or not. Dr. McLean's paper, however, has satisfied me on this point.

The phenomena presented by all the cases are explicable only on the idea that quinine exerts a powerfully sedative action on the nervous system. The symptoms manifested,—though in a less degree,—were not unlike those exhibited by some constitutions under the peculiar action of mercury, and described by Mr. Pearson as *mercurial erethism*. Smaller doses of the medicine had, in all the cases, been tried in vain, and I am satisfied that nothing but very large and frequently repeated doses, could have saved the lives of two of them. It will be seen, however, that in most of the cases the quantity of quinine taken was not *inordinately* great.

Case 1. A little girl, æt. 7, with remittent of the ordinary form, exacerbation occurring daily about noon. When I saw her, the remission had just begun; I ordered two grains of quinine in solution every hour until she had taken twelve grains; afterwards a cathartic of sulphate of potassa and rhubarb. The next day her fever recurred at the usual time as high as ever. *Pre-*

scription.—℞. Hydrarg. chlor. mit. gr. vj., pulv. ipecac. gr. iij. M. Div. in chart. 6.—S. One every two hours; and afterwards, as the paroxysm was expected in four hours, to take five grains of quinine, and repeat it in an hour. She took ten grains; fever rose as usual. At the next remission I ordered her to have sixteen grains of quinine at two doses, with an interval of two hours. When the next paroxysm was expected, I found my patient free from fever, but with a quick, rather weak and thready pulse, mind slow, tongue tremulous, skin cool and moist. All these symptoms subsided entirely in less than twenty-four hours, and she has never had a fever since.

Case 2. Negro boy, æt. 6 or 7, ill with severe remittent fever with powerful determination to the brain, accompanied by a high grade of arterial excitement. I bled him, and ordered a solution of nitrate of potassa and tartar emetic, as he had been purged previously to my seeing him. An indistinct remission occurred for a short time every morning; as soon as this came on, ordered three grains of quinine every hour. He took only six grains when an exacerbation of fever took place, with congestion of liver and stomach. *Prescription.*—℞. Hydrarg. chlor. mit. gr. viii., pulv. ipecac. gr. iv. M. Div. in chart. 4.—S., one every two hours. He took all the powders, which acted gently on the bowels and produced a more perfect remission. Ordered five grains each of quinine and rhubarb, and repeat it in an hour. Soon after the last dose was exhibited, reaction again came on violently, attended with great heat of the skin, thirst, dry tongue, and pulse somewhat tense and irritable, but with little force or fulness. By the use of febrifuge medicines this condition yielded to a partial remission, and I ordered eight grains of quinine, to be repeated in an hour. At my next visit I found my patient without fever, with a cool and moist skin, small, quick and thready pulse, tremulous tongue, and rather torpid intellect. These symptoms soon subsided, and he had a rapid convalescence.

Case 3. Attended Mrs. M. æt. about 35, in consultation with the late Dr. John Ker; had been sick about ten days with an obstinate, but not very violent attack of remittent fever; she had previously taken quinine in small doses, been purged, blistered, taken mercury, &c. We ordered quinine in ten grain doses, at intervals of two hours; she took twenty grains when her fever rose, having previously to this complained of noises in her ears &c., from the use of the medicine. During the next remission she took thirty grains of quinine in three doses. That night we found our patient exhibiting such symptoms of prostration as obliged us to use strong stimulants for her relief. Her pulse was

small, thready and weak, skin cool and clammy, much nausea, and mind torpid. After these were relieved, she began to recover slowly, though for some days she had occasional returns of fever.

Case 4. Attended George, about 8 years old, in consultation with Dr. Bagwell of this county. The case was a very severe remittent fever, accompanied by violent congestion of the stomach. He had been previously purged, blistered, &c., and as soon as a partial remission occurred we recommenced giving quinine in five grain doses, repeated every two hours. This was continued during two remissions without any appreciable effect, when Dr. B., who remained with the patient, increased the dose and shortened the interval. The quantity taken in three days is not accurately known, but I should think was not much less than two scruples. As soon as the constitutional effects of the medicine were induced, the disease yielded; but dilatation of the pupil, insensibility to light, and almost total loss of vision followed. The amaurotic condition slowly improved without remedies, and he is now perfectly restored.

I am informed by a physician of this place, that a case similar to some of the above occurred in his family in the course of last fall. A young lady was so prostrated by taking about 20 grains of quinine in two doses, as to require artificial heat to the surface and strong stimulants to restore her. The symptoms were similar to those of the three first cases recorded above.

Eastville, Northampton, Co. (Va.) Feb. 1847.

To the Editor of the Medical Examiner.

I have recently observed the evolution of electricity, under circumstances with which I do not know that it has been heretofore noticed.

Standing before a brisk coal fire, and under a large glass chandelier furnished with gas, I was, with other persons in the room, making remarks upon the latter. In the course of these, I touched a tube leading to one of the burners, when there ensued a spark audible to all in the room, and distinctly felt by myself. This was repeated several times by myself as well as the other persons, and many sparks were elicited.

At first I thought that there might be some connexion between the electricity and the combustion of gas, but a moment's reflection convinced me, that the metallic connexion of the burner with the ground rendered this impossible.

It has since occurred to me, that the electricity was generated upon my own person by the friction of my clothes, and that being insulated by the carpet upon which I was standing, I was

in the category of the electrical cylinder with the insutedla cushion, which (i. e., the cushion) gives off negative electricity. I had not however the means at hand for testing this.

If this be not the true explanation of the phenomenon, perhaps yourself or some one of your correspondents may be able to furnish it.

March, 1847. A. W.

To the Editor of the Medical Examiner.

Dear Dr.—In my communication in the last No. of the Med. Examiner, on Wounds from Fire-arms without Ball, the 2d Experiment is thus reported: "Distance six inches, parts covered as before, clothes lacerated, wad lodged one inch and a half below the surface."

This is a material error; it should read, *one half inch* below the surface; and as the experiment may possibly be referred to in future medico-legal inquiries and criminal prosecutions, thou wilt oblige me by giving this correction in the next number of the Examiner.

Respectfully and truly, thy friend,
Paul Swift.

Philadelphia, 3d mo. 11th, 1847.

BIBLIOGRAPHICAL NOTICES.

A Dictionary of Practical Medicine: comprising General Pathology, the Nature and Treatment of Diseases, Morbid Structures, and the Disorders especially incidental to Climates, to the Sex, and to the different Epochs of Life; with numerous prescriptions for the Medicines recommended, a classification of Diseases according to pathological principles, a copious Biography, with references, and an appendix of approved Formulæ: the whole forming a Library of Pathology and Practical Medicine, and a Digest of Medical Literature. By James Copland, M. D., F. R. S., Fellow of the Royal College of Physicians; Honorary Member of the American Philosophical Society, &c. Part XI. London: 1847.

Another part of this valuable Dictionary, which "drags its slow length along," has just reached us from England; com-

prising the remainder of the article on "*hæmagastric pestilence,*" (yellow fever,) *septic or glandular pestilence* [a bad name] or plague; *protection from pestilences; phlegmasia alba dolens; Pityriasis* and *Diseases of the pleura*, (in part.) It bears all the wonted characteristics of the Author's ability and industry; but exhibits less freedom from emotion, and more unilateral prepossessions than many—perhaps any—of its predecessors. We notice it especially to draw the attention of the able American editor to the exceptionable tone, and imperfect and unsatisfactory exposition of the different views advocated on the great question of communicability of yellow fever; and to the general neglect of facts and opinions entertained on the subject on this side of the Atlantic, except where they accord with those of the author,—who is an ultra-contagionist. The tone in which he supports his views may be appreciated by the following extract:

"It cannot be denied by any one who has attended to the subject of quarantine, especially as it has been agitated in recent times, and with a due knowledge of the influence which the ruling passion—the desire of amassing wealth—exerts upon all the more generous and social emotions of the mind, that the restrictions imposed upon trade, arising out of precautions against the introduction of pestilential infections, have been the chief causes, directly or indirectly, producing the opposition to the doctrine of the infectious properties of pestilences; and that all that has been written to disprove this doctrine—and written with no small virulence by some—has not proceeded from a firm conviction of the justice of the cause espoused, but are either special pleadings subservient to sordid purposes, and to the gratification of disappointed feelings or of private resentments, or the outpourings of minds teeming with mistaken views, arising out of imperfect observation and hastily formed opinions, and excited by a desire of acquiring notoriety in a contest involving the interests of the whole community." p. 152.

Nothing can well be more objectionable than the tone of the above paragraph, as applied to a matter of scientific investigation and discussion. In this country, the mass of observers have arrived at conclusions diametrically opposed to those of the Author; and if they were to forget proprieties, they might with as much foundation hurl back the charges of interestedness, &c., upon him.

His next paragraph in continuation of the subject is not less objectionable.

"Let any one altogether unprejudiced as to the infectious or contagious properties of pestilential maladies, attentively peruse most of what has been written respecting them in this and in other countries, carefully examine the evidence adduced before committees of the House of Commons, or in other places, and critically weigh the import and truth of the conclusions arrived at by commissions sent to investigate facts on the spots of their occurrence, and the various circumstances connected with the facts adduced—let any one who possesses sound common sense, with some share of science, but who is at the same time entirely free from the undue influence of prejudice, of temper and of interest, enquire into the matter—and I cannot believe that he can arrive at a different conclusion from that to which I have arrived, after the best attention I have been able to bestow upon this most important and much discussed subject. Whoever may enter upon this very unpleasant investigation, with these moderate qualifications, which, however necessary, are quite sufficient to the formation of just conclusions respecting it, will be surprised to find that, amongst members of a learned profession, so much ignorance should be displayed in the literary character of some of these writings, in the scientific and professional execution of others, and in the illogical inferences of many of them. The duly qualified and candid investigator will detect statements made without proof, facts assumed without evidence, and supposititious agents believed in as real existences, and these made the bases of reasonings altogether inconclusive even as regards the conduct of the argument. He will find things, facts and diseases dissimilar from one another, and presenting no connection either as to nature or to sequence, viewed as identical with each other. He will detect the suppression of important facts and circumstances, and an undue prominence given to others of a doubtful character. He will remark the imputation of motives which did not exist, and ignorance of those which influenced, if they did not impel the writers. He will observe the precipitancy with which the young, the inexperienced and the ignorant, have rushed into print, and attacked with disgusting flippancy and intemperance much abler and better informed writers. In every medical periodical existing during the late war, he will find accounts of a disease never seen by the describers, their own mistakes, proceeding from profound ignorance of the name and nature of the malady seen by them, serving as the basis of their lucubrations and their arguments. And he will, moreover, be grieved to remark the opinions of learned and experienced men

either misrepresented or impugned in jejune and paltry performances, evincing a most remarkable ignorance of the language in which they are written, and a still greater ignorance of that from which they profusely and inappropriately quote. In thus attempting to reach the pure spring of truth at the bottom of the deep code of research, he will have to penetrate not only through the rubbish thrown in by unfaithful, by mistaken, and by ignorant inquirers, but also through the accumulated filth of uncandid and intemperate controversy."

This is a strange exordium for one whose mind has been made up on one side; and who is assuredly most sparing in his references to testimony on the opposite view of the question,—a view, too, which is embraced on this side of the Atlantic by most of those—and many of them highly distinguished in their profession—who had ample opportunities for investigating the whole matter during the prevalence of yellow fever epidemics, in Philadelphia more especially; not one of whom—we are persuaded—was in the slightest degree swayed by the unworthy motives ascribed to supporters of that side of the question by the author of the article before us.

What greater intolerance could they have exhibited than that which is comprised in the above extract, or in the following?

"The opinions of several physicians are adduced by Dr. Bancroft in favour of the non-infectious nature of this pestilence; but upon referring to them, it will be found that they actually support a very opposite doctrine; and that their ideas, as to a non-infectious character, had reference entirely to the remittent endemics of which they were treating, and not to epidemic yellow fever—a piece of sophistry of the most dishonest and contemptible kind."

We hope that the American Editor of the Dictionary—Dr. Lee—will be full in his citations of authorities on both sides of this vexed question, in order that the article may be truly cyclopædiac in its character, and more worthy of companionship with the many admirable essays contained in the work.

It is long since Part X appeared; and if the remaining parts are as tardy in presenting themselves, it must be many years before the Dictionary is completed.

Cours de Microscopie Complémentaire des Etudes Médicales Anatomie Microscopique et Physiologie des Fluides de l'economie. Atlas exécuté d'après Nature au Microscope Daguerréotype. Par M. Donné, Docteur en Médecine, ex-chef de Clinique de la Faculté de Paris, Professeur particulier de Microscopie, &c., et Léon Foucault. Fol. p. 30. Paris, 1845–1846.

The text of the *Cours de Microscopie* of M. Donné was published in 1844, in Paris, but the Atlas before us has only just been completed. M. Donné has long been celebrated for his chemical and other investigations into the nature of certain of the animal secretions, and especially of the milk. His *Mémoire sur le Lait* was published many years ago, and has been exhausted—he informs us;—and it was in consequence of his having been invited to issue a new edition of it, that he determined to reproduce it in a separate work, and to associate with it his microscopic researches into the different fluids of the economy. Accordingly, the *Cours de Microscopie* contains the whole of his examinations of mucus, urine, sperm, milk, &c.

"These researches"—he observes—"extended and perfected as far as it was practicable for me since my first publications, united with the physiological considerations and practical applications that flow from them, form the principal portion of the lectures which I now reproduce." p. 9.

In his introduction to the "*Cours*," M. Donné announced, that an Atlas would be added to the work, and that it would present an innovation. "It will comprise," he remarked, "figures of two orders—the one will be executed according to the ideas I have formed of the intimate structure of the microscopic objects depicted: these systematic figures are intended to elucidate the descriptions in the text, and to complete them. Alongside these figures will be placed others representing accurately the objects independently of all interpretation. To attain this result I have been desirous not to trust either my own hand or that of a designer, always more or less influenced by the theoretical ideas of the author. Profiting by the marvellous invention of the daguerreotype, the objects will be reproduced with a rigorous fidelity unknown hitherto by means of photographic processes." And he subsequently added :—

"The first trials which I made to apply the daguerrean method to the reproduction of microscopic objects will be recollected. Four years ago I had the honour to present to the Académie des Sciences a daguerreotype microscope, by means of which I had obtained the images of several objects of natural history, and of certain tissues, such as the osseous and the dental. Since then, these trials have been resumed by a young *savant*, a distinguished *amateur* of photography. The results obtained by M. Léon Foucault with the daguerreotype microscope, not only on solid objects, but on the intimate particles of fluids,—such as the blood corpuscles of different classes of animals, the globules of milk, mucus and pus, zoospermes, &c., are truly most remarkable, and all give a special value to our Atlas. Our collection of designs is not yet complete, but what we already possess permits us to announce to micrographers results altogether worthy of their attention and interest."

The atlas before us is the one promised in the "*Cours*," and certainly the promises are well fulfilled. The representations of the fluids microscopically examined are beautiful, and their truthfulness cannot admit of question. Portions of the objects seen in the field of the microscope have not been selected; the *whole* field is given as it presents itself to the eye of the observer, and hence a much more correct idea is formed of the object—than if—as in the case of the blood corpuscles—detached portions were selected.

The plates are twenty in number, and afford varied and well executed representations of the blood corpuscles of man and certain animals; the circulation of the blood in the frog's tongue; mucous globules; epidermic cells; vibratory cells of the mucous membrane; pus globules; crystallization of healthy saliva; crystals of cholesterine; globules of yeast, and of fermenting diabetic urine; crystals of nitrate of urea; the crystallization resulting from the evaporation of the urine of a patient affected with typhoid fever; crystals of uric acid; divisions of the micrometer; pulverulent crystallization of urate of ammonia from the urine; minute crystals of uric acid proceeding from the decomposition of urate of ammonia by acetic acid; crystals of oxalate of lime from the urine, and of ammoniaco-magnesian phosphate; white filaments, such as are found in the first drops of healthy urine at each emission; blood corpuscles presenting the annular form which they affect when in contact with urine; zoospermes of man

and certain animals; crystallization of healthy urine evaporated on a plate of glass; ovulum of the rabbit in and out of the Graafian vesicle; ovula of the frog and salamander; globules of cow's milk; casein coagulated owing to the decomposition of milk and mixed with milk globules; globules of healthy human milk and of that of the ass and goat; the colostrum of the human female; milk of a woman delivered eight days, and not giving suck; muscæ volitantes; globules of potatoe starch; blood corpuscles of the salamander; and pollen grains of the flower of the mallow.

Great variety of illustration is presented; and both "Atlas" and "Cours" ought to be in the possession of every histologist and microscopist.

Address to the Graduates of Geneva Medical College, deliverea January 26th, 1847. By CHARLES ALFRED LEE, A. M., M. D., Professor of General Pathology and Materia Medica in Geneva Medical College, etc. etc. Published by request of the Graduates.

This is an able address, and admirably suited to the occasion on which it was delivered. The valedictory address of a professor to his pupils, is almost necessarily monitory in its character. It is like the parting words of a parent to his son, pointing to his moral responsibilities and the great ethical rules by which he should be governed, and hence we rarely look for anything original, argumentative or ingenious; but it is something to express ordinary truths in language befitting the occasion, and calculated to win the attention, engage the affections, and persuade the judgment of the hearers. In these respects Dr. Lee has certainly been successful. We have room for only one or two extracts, which we select, not for any novelty in either the subjects or the sentiments, but for their importance and truthfulness.

"For some time after commencing your professional life, you will probably have some leisure time on your hands, which you can turn to profitable account by devoting it to study. Be not discouraged at the want of speedy success; your merits will eventually be known, and you will be rewarded accordingly. Justice will sooner or later be done you, and if you aim at eminence, and your efforts are well directed, you will attain it. Aim first at the establishment of character and reputation, with the full assurance that all desirable consequences will follow in their train.

Turn not aside into any of the devious, albeit fashionable, paths of quackery, so rife at the present day, by whatever specious name they may be known; sacrifice not your prospects and your good name by becoming the adherents of any partial and exclusive systems of medicine, for you may rest assured that they will all speedily disappear 'like the baseless fabric of a vision.' Belittle not your honorable title of PHYSICIAN by prefixing to it any distinctive or diminutive epithet, be it Thomsonian, Homœopathic, or Hydropathic; for why should you do this? Is not he who stands upon the broad platform of catholic medicine more likely to be better armed for attacking disease, than he who occupies some insignificant redoubt, or petty loop-hole. Is there any want of freedom of opinion in our profession? Is not every one at liberty to construct his own articles of faith, drawing from every system whatever portion of truth it may contain, and shape his practice accordingly? Medicine is not, as many seem to suppose, a system of rules and doctrines handed down from teacher to pupil, admitting no change, a set of formulæ which you are bound to sustain, and from which it were heresy to swerve; but it is a progressive and constantly improving science, and every true and sincere votary of it will employ *all* the remedies, means and resources within his reach, which accident or science has discovered, and observation and experiment verified. Away, then, with your partial systems which inevitably and professedly limit these means, and virtually nullify these resources. There is, indeed, Gentlemen, a sad relaxation of principle at the present day, even in some who are regarded as among the most distinguished members of the profession, as manifested by their patronage and recommendation of patented and secret remedies; a course of conduct which is obviously incompatible with every sentiment of moral duty, and every principle of sound medical ethics. To keep from the world any discovery calculated to benefit mankind, as connected with the preservation of human health, or its restoration when lost, is such a dereliction of duty, as to have met with the reprobation of the wise and good in every age of the world; and when this is done, as it generally is, for the sake of pecuniary emolument, the mind instinctively revolts at it, as an exhibition of selfishness and insensibility to human suffering disgraceful to our natures, and derogatory to the character of those who belong to a profession, whose foundation is philanthropy, and whose crowning glory is benevolence. Give not, then, the slightest encouragement to remedies of this description, or their inventors; frown indignantly upon all attempts to render our glorious art a mercenary trade; disgrace not your *Alma Mater* and your own reputation, by countenancing, in the slightest degree, any unworthy proceed-

ings of this kind, for by so doing you will justly forfeit all title to respect, and take rank with the Brandreths and Moffats of the day. The time is not distant when such a deep stain of disgrace must inevitably attach to patentees and proprietors of secret remedies in our profession, that neither the waters of Lethe will be able to obliterate, nor the exhibition of 'Letheon' to bury in oblivion.

Should any of you, then, hereafter discover a remedy calculatep to benefit the world, publish it upon the house-top, imitate the goodness of Providence, and make it free as the air we breathe; for the consciousness of having done a good deed for humanity, the gratitude of an intelligent community, and the praises of a liberal profession, shall prove a most satisfactory reward.

There is one duty which you owe to yourselves, to the sick who may be entrusted to your charge, and to society, by whose favour and confidence you are to be sustained, and this is—to shun the use of intoxicating drinks. I urge this upon you, Graduates of Geneva College, by every consideration of duty, of honour, of interest, and of philanthropy; I charge you, as you value reputation, usefulness, success, and an approving conscience, ever adhere to the strictest rules of temperance. You owe this to those who have sustained you thus far, and furnished you with the means of obtaining a medical education; you owe it to your teachers who have labored to instruct you in the various branches of your art, and who feel an anxious desire for your prosperity; you owe it to the beloved Alma Mater, who sends you forth with pride this day, to carry health and virtue and gladness to those who come within your influence; you owe it to the profession whose bright escutcheon must never be soiled by your example; you owe it to society in whose ranks you are now to be enrolled, we trust among its most valued and respected members; you owe it to your hopes of usefulness here, and of happiness hereafter; you owe it to a reformed and enlightened public opinion; and, lastly, you owe it to your God. As you go forth, then, upon the serious errand of your lives—an errand requiring the keen eye, the cool head, the steady hand, the sound judgment—take this, my solemn and affectionate warning, along with you; carry it into the social circle and the recesses of private life; take it into the hospitable mansions of the rich and the lowly dwellings of the poor; remember it in the hour of temptation and trial; heed it when the syren voice of pleasure beckons you along her flowery paths; so shall your lives flow equably along; your cup of happiness be filled; your days crowned with usefulness, and your names with honour."

THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL, 1847.

APPLICATION OF REMEDIES TO THE INFLAMED SURFACE IN CHRONIC LARYNGITIS.

We observe in certain of the Medical journals somewhat intemperate discussions in regard to the first employment of topical remedies to the inflamed surface in chronic laryngitis; and great credit is given to Dr. Green of New York for having been an originator of the practice. Dr. Green's work has not been sent to us, and therefore we know nothing of the facts and arguments which he employs, but no reader of the productions of the day ought to be ignorant, that the works on the Practice of Medicine published in this country in 1842 contained details of the method advised by MM. Trousseau and Belloq, to whom the main credit is due for the introduction of topical agents into the larynx. The first edition of Dr. Dunglison's Practice of Medicine, published in 1842, and therefore written some time previously, refers to it, and so does Dr. Bell's edition of Stokes's Lectures, published in the same year. An injudicious exercise of friendship is often most detrimental to the cause which it is intended to support, and we think that Dr. Green has had ample cause to exclaim—"Save me from my friends!"

INSENSIBILITY DURING SURGICAL OPERATIONS.

In a former number, we mentioned that a patent had been taken out by two gentlemen in Boston, for the discovery of a mode of rendering patients insensible to the pain caused by severe surgical operations. It was then spoken of as a "*compound gas*," and since called "*letheon*." Misled at the time by the name given to the substance employed, we conjectured that it was an ethereal solution of some narcotic. It is now ascertained by numerous experiments, that sulphuric ether alone posseses the virtues claimed for the "letheon" or "compound gas," and hence much of the mystery with which the subject was sought to be enenveloped is dispelled, and as we believe it is generally conceded, both in this country and Europe, that the patent is invalid, the repugnance we felt towards any extended notice of the matter is removed, and we

shall from time to time notice the experiments and observations made in various parts of the world, confirmatory or otherwise of the good effects of this extraordinary agent. In our "Record" will be found an account of numerous experiments made with the ether in France, by some of the most distinguished surgeons, which may be regarded as an epitome of our present knowledge on the subject, so nearly does it accord with the recorded observations made in this country and in Great Britain. Notwithstanding the many favourable reports, we cannot divest ourselves of the belief that the employment of an agent which is capable of rendering a person unconscious of pain during the performance of a severe surgical operation, must, when carried to that extent, be fraught with danger—danger the more to be dreaded because it cannot be estimated, owing to variations in the dose, and the different susceptibilities of those to whom it is administered. Bad effects have indeed been repeatedly witnessed, and even death, in a few instances. The sagacious Velpeau, we perceive, looks upon it with great distrust.

JEFFERSON MEDICAL COLLEGE.

An account of the Commencement of this College, held on the 25th inst., will be found on another page, from which it will be seen that the Degree of Doctor of Medicine was conferred on one hundred and eighty-one gentlemen—the largest number ever graduated at any institution in the United States.

PENNSYLVANIA COLLEGE.

The class of this Institution during the last Session we understand numbered ninety-five ; and the Graduates thirty-four, including two honorary Degrees.

FRANKLIN MEDICAL COLLEGE.

Five gentlemen were graduated at this new College at its recent Commencement. Of the number of the class we are not informed.

CITY OF NEW YORK MEDICAL SCHOOLS.

By the papers we are informed that the class at the University School during the last Session numbered four hundred and ten, and the number graduated was one hundred and twenty-three ; and that at the College of Physicians and Surgeons fifty-one graduated.

ALBANY MEDICAL COLLEGE.

From a copy of the "Catalogue and Circular" of this Institution which we have received, we learn that the class of the last Session, (1846—7) numbered 100; and that of that number, 30 graduated at the conclusion of the term. The class of the previous Session numbered 115, and the Graduates 42.

TRANSYLVANIA UNIVERSITY.

We derive from the printed Catalogue of the Transylvania University, that the class in attendance on the lectures during the past winter numbered 182; and the graduating class 68, including 4 honorary degrees. The class of the preceding Session (1845—6) numbered 171, and the graduates 64; showing a small increase for the past Session.

RECORD OF MEDICAL SCIENCE.

Inhalation of Sulphuric Ether to prevent pain during Surgical operations.—The following is a digest of the discussions of the learned societies of Paris concerning the properties of this agent, and of hospital reports, contained in the *Gazette des Hôpitaux* for the last month:—

Académie de Medécine, Meeting, Jan. 12th, 1847.—M. Malgaigne announced that he had tried upon five patients the method proposed by the Americans, to render surgical operations painless. The first patient was a young man, aged eighteen, who was afflicted with an abscess at the lower part of the leg. He breathed the ether for two minutes, which sufficed to plunge him into a state of complete lethargy. The abscess was opened with a bistoury. In half a minute afterwards, the patient woke up, and affirmed that he had experienced no pain, and up to that time believed he had not undergone any operation, but wished it to be proceeded with.

The second, an Italian, a little older, who had a tumour in the neck, respired the ether for five minutes. By the time he had revived, the operation was finished. He said he felt that the tumour had been removed, but had not experienced any pain.

The third patient was a young woman, also having a tumour in the neck. She did not fall into a state of insensibility until she had inhaled the vapour for eighteen minutes. She did not feel the first

incision; but woke up immediately afterwards, and suffered during the rest of the operation as though she had not been submitted to its influence.

The fourth was a man who had had his leg broken by a rail-way truck, and underwent amputation at his own desire. He was submitted to the vapour of ether for seventeen minutes. On his coming-to, he said he had felt the operation, but had not suffered more pain than if he had lightly scratched his leg with the point of a knife.

The last, a young man, who was operated upon for strabismus, previously respired the ether for ten minutes without effect, and suffered during the operation as other patients would have done. In answer to a question from M. Nacquart, M. Malgaigne explained the process as used by the American surgeons, which he had adopted for the first patient; but for the others he had introduced into one of the nostrils, the other being closed, a tube leading from a vessel, the bottom of which was covered with ether—the patient inspiring by the nose, and expiring by the mouth.

M. Velpeau questioned whether ether was altogether innocuous to the system. He feared it might produce some injurious effect upon the patient, counterbalancing the advantage derived from the absence of pain. Besides, as the influence only lasted for a short time, its use in operations of a long duration was doubtful.

M. Guibourt had no fear of a bad result from the employment of ether, his only anxiety was as to the certainty of its operation, he himself having frequently and for a long time inhaled air strongly charged with ether, without experiencing any ill effect; and on this point he was supported by M. Chevallier.

M. Roux, of the Hôtel Dieu, detailed the particulars of a case of compound fracture of the leg in the *Gazette des Hópitaux*, January 16th, 1847. The patient who was about forty-five years old, breathed by the mouth the vapour for twenty-minutes with great earnestness; in about ten minutes his eyes closed, but he still answered any questions put to him, and in ten minutes more the operation was finished; the pain thereof being evidently diminished, as the patient was not aware that the operation had been completed, until he was told such was the case.

Hópital St. Louis.—A patient of M. Malgaigne—a man about thirty-five years old, of strong constitution, presented at the lower and internal part of the leg, about the level of the malleolus, a phlegmonous abscess—was submitted to the influence of the etherial vapour for two or three minutes, which short space of time sufficed to put him into the state necessary for the commencement of the operation, which can only be compared to drunkenness. M. Malgaigne addressed the patient, asking him whether he felt any particular sensation, or found his sight confused. The man having answered that his vision was imperfect, M. Malgaigne immediately used the bistoury, making an incision in the abscess and in a portion of the skin much supplied with nerve and considerably inflamed. He then pressed the pus from the abscess. On the termination of the operation the

patient appeared agitated—his face was red, his features contracted, his eyelids closed, and, in short, his whole muscles, particularly those of the face and superior-extremities, exhibited symptoms of abnormal contraction. He seemed to be under the weight of painful feelings which he wished to shake off. He had undoubtedly lost his reasoning power, for his conduct was outrageous—he closed his eyes, and foamed from the mouth. This state lasted but two or three minutes. He was aroused by the voice of M. Malgaigne, and on recovering his consciousness he declared the pain was slight, not more than a prick, but he directly afterwards complained of the smarting which resulted from the wound.

A second patient, a man aged forty-five, had necrosis of the bones of the finger, resulting from a whitlow. M. Malgaigne determined to remove the finger, at the articulation, and caused the patient to inhale the ether for about four minutes. The patient declared he was drunk and unable to see. The operation was performed in the usual manner. This patient also compared the pain he felt to a prick, afterwards experiencing the sensation of smarting over the surface of the wound. The pulse was carefully observed during the operation, and found to be eighty-eight during the inhalation of the ether, and ninety-two after the operation.

A young girl of eighteen, with an affection of the hand, requiring incisions, was submitted to the action of the vapour, and in four minutes she declared her sight to be confused. She compared the operation to a prick. It is remarkable that in this case there was a considerable want of sensibility in the wound for some time after the operation.

M. Malgaigne administered wine in each of the last cases, to effect a more speedy recovery from the stupor; and it may be worthy of notice that the air exhaled was impregnated strongly with ether, so that it was impossible to mistake the agent that had been employed.

At the meeting of the *Académie de Medécine*, on Jan. 19th, a letter was read from M. Menière, respecting the successful employment of vapour of ether in cases of nervous deafness, hemicrania, paralysis of the facial nerve, complaints of the cavity of the cranium, &c.

M. Honoré mentioned a case of intense neuralgia, which was alleviated by the breathing of the vapour of ether, placed in a vessel with a large mouth, held close under the mouth.

M. Malgaigne made the following important observations as to the consequence of the use of ether:—In the case of amputation of the leg, he believed that there was less reaction than in ordinary cases; and another point, which he recommended to the attention of psychologists, was, that in most cases it appeared that the seat of sensation for pain was different from the seat of ordinary sensibility. Many patients retained perfect consciousness, understanding what was said to them, answering correctly, but feeling no pain; it really appeared to him that there were two centres of sensation.

A discussion also took place at the meeting of the *Academy of Sciences*, on January 18th, when M. Velpeau stated that he had failed

in obtaining a complete and satisfactory result from the use of the vapour of ether. One patient had proved unmanageable. In another, the sensorial functions were evidently disturbed; but he had suffered pain while being operated on. A third had suffered in a like manner; but declared that he was plunged into such a state of ecstasy, that he was unable to complain. In short, it appeared that it succeeded with certain persons, and failed with others; and that it was not proved to be altogether without danger.

M. Dunos said that he had been led, from some experiments, to believe that the ether possessed a cataleptic power.

On the 22d of January, M. Velpeau, at the *Hôpital du Charité*, having used an apparatus constructed by M. Charrière, succeeded perfectly in removing a tumour without pain. The etherial vapour was inhaled by the patient about four minutes, after which time complete insensibility and relaxation of the muscles were manifested.

M. H. Larrey, who assisted at the operation, suggested the valuable assistance that the agent would render in the reducing of difficult luxations.

At the *Hôpital du Midi*, a case occurred in which the sensibility seemed to have been exalted by the inhalation.

The influence of the vapour has also been tested by M. Guersant, at the *Hôpital des Enfants*, on two children. One child, whose finger was amputated, declared that she felt pain, but was totally unable to cry out. The other, on recovering from the state of insensibility into which she had been thrown, declared that she had no recollection whatever of the operation.

At the *Hôpital du Midi*, M. Ricord, in injecting in a double hydrocele, employed the inhalation with success, though he was obliged to renew its influence twice during the operation. A second patient, afflicted with single hydrocele, after respiring vapour for thirteen minutes, fell into a complete state of insensibility; the limbs were relaxed; the pupils contracted; the conjunctiva was injected; and the pulse not affected. A third patient, who was apparently perfectly under the influence of the ether, suffered the usual amount of pain during an operation for removing a tumour from the rectum.

In the first two cases, a state of intense exhilaration preceded that of insensibility. In the last, the use of the ether was followed by sickness and fainting.

At the meeting of the *Societé de Chirurgie de Paris*, Jan. 13, 1847, M. Malgaigne mentioned a case in which the inhalation having been continued for too long a time, caused sinking of the pulse and coldness of the extremities to such an extent, that fears were entertained for the life of the patient.

At the meeting of the *Académie de Medécine*, Jan. 26, 1847, M. Landouzy called attention to a case, where hæmorrhage, after removal of a small tumour from the mastoid process, did not come on till half an hour after the performance of the operation; and suggested that surgeons should be on their guard lest accidents might happen from the arteries not being secured.

M. Honoré stated, that he had succeeded in relieving a patient

afflicted with most obstinate neuralgia of the face, by the inhalation of ether vapour for about two minutes.

Académie des Sciences, Meeting, Jan. 25.—M. Gerdy related several experiments with the vapour of ether, the results of which had been satisfactory in the highest degree.

From the above it will be seen, that the success which our neighbours have met with has been varied; but we think that in most of the cases in which the ether failed to produce its stupifying effect, that fault was clearly in the instrument used for its administration. At first they attempted to use this agent by causing the patient to inspire by the nostrils, and respire by the mouth, and *vice versâ;* but afterwards they found it requisite to close the nostrils while respiration was carried on by the mouth alone.

The fact announced by M. Malgaigne, that some of the patients retained their consciousness, but felt no pain while being operated on, is most interesting, and we leave it to be commented on by physiologists; but the statement requires confirmation by other observers.

The influence, also, over the power of *expression* of pain, is also very curious, but seemed to be quite an uncommon result; for we only find that this was the case in two out of the numerous cases quoted.

The continued lethargy, with failing of the pulse, and coldness of the extremities, is certainly a most awkward complication to deal with in treating the shock of an operation, and one which should make us cautious in the employment of the vapour of ether. In this country, in more cases than one, this unpleasant effect followed its use.

If the vapour of ether prove an efficient therapeutic agent in the treament of neuralgic affections, then, indeed, will its introduction prove a boon to society. And we much regret that M. Honoré did not give a more detailed account of those cases in which he employed this remedy.—*London Lancet.*

Observations on two Forms of Dysmenorrhœa. By Henry Oldham, Physician-Accoucheur and Lecturer on Midwifery at Guy's Hospital.

Case.—*Painful but copious menstruation—dysmenorrhœal membrane—large and retroverted womb—bleeding--mercury—cure.*—Mrs. G., æt. 31, living at Bow, was pregnant soon after marriage, and bore a living child, which is now nine years old. Since this time she has had several early abortions at the fifth or sixth week: and a year ago, when pregnant, she was much frightened at an accident to her husband, and again miscarried. Both before and since this time she has suffered a great deal from pains in the back and hips, for which she has been under medical treatment.

She first consulted me on Nov. 20th, 1844, when she was evidently suffering severely. Her countenance was distressed; she walked with pain, and appeared to be much out of health. Her

symptoms were referred almost entirely to the uterus. She complained of habitual pain, which she called painful pressure, at the sacrum, running down to the anus ; constant pain in the right inguinal canal ; occasional dysuria, which, with the other pelvic symptoms, was much increased by walking or exertion of any kind. When she sat down their was pain produced within the pelvis. The bowels were relieved without pain. A copious thick discharge, sometimes white and at others yellowish, had troubled her for years. Sexual coitus had caused much suffering, and, in fact, had been abandoned. She menstruates regularly, but with severe pain ; sometimes copiously, so that several clots escape, and sometimes shreds of membrane have been noticed : she feels better and lighter after the periods.

On examination, the vagina was found loose and hotter than usual, and freely bathed with discharge. The posterior wall bulged a little beyond the ostium vaginæ. The uterus was found within two inches of the orifice of the vagina : the vaginal portion was tumid, soft, slightly painful to the touch ; and the os, which was patent and uneven, gave that feeling of raised soft granulations which characterizes the most common form of ulceration of this part. This portion of the womb was directed towards the under surface of the urethra. The body of the womb was readily felt backwards towards the hollow of the sacrum. It was much swollen, very tender when touched, and was evidently retroverted. On directing the finger to the front part of the cervix, and pressing the part downwards and backwards, the body of the womb was readily redressed, and she felt at once a relief from the painful sense of pressure in the sacrum and hips. When the finger was removed the womb fell heavily back again towards the sacrum. By speculum the cervix showed a surface of vividly injected granulations, and a large plug of mucus was pressed; out from its cavity.

The treatment in this case consisted in scarifying the cervix, and thus bleeding the womb ; taking from one to two ounces of blood at a time, which was repeated on several occasions. She was kept at rest ; the bowels were relieved by saline aperients, and she used the following injection :—Dec. Papav. vj. ; Ext. Conii. ℈j. ; Liq. Plumb. diac. ʒij. Speedy relief followed the use of these means, and I did not see her for some time.

In July, 1845, she brought me a portion of membrane, which had been passed at the last period, after severe pains like labour pains ; and on examining it I found it was a good specimen of dysmenorrhœal membrane. She told me at the same time that she was convinced that in several of her supposed early abortions she had passed the same product. On two or three occasions after this, she brought me portions of membrane which were cast off after severe suffering at the menstrual time, which were now often deferred for a few days or a week beyond their proper period. On the 10th of February, 1846, after a period of intense pain, she again passed some detached portions of membrane. She had had difficulty in emptying

the bladder, which was relieved by her passing water in the upright position. The uterus was found retroverted, and the body was swollen into a large globular hardened mass, painful to the touch. Any exertion produced great pain in the sacrum and hips, which was again at once relieved by redressing the womb during a vaginal examination.

I now determined to leech the uterus once a week, to keep her strictly at rest, and to put her under a course of mercury. The effect of this was to reduce the womb, and to give her great relief. She passed through the two following periods without much suffering, and no membrane was cast off. On the 30th of May she brought me two small portions of membrane, which had caused her some severe pain when passed. The seat of pain was in or about the right inguinal canal, and she said that she could touch the spot from whence she fancied the membrane was torn away. The remainder of the period was passed without pain. The uterus was now very much reduced in size, and although more vertical than it should be, it was not inclined backwards. She is able to walk and follow her usual pursuits without pain. A blister was applied to the sacrum, and a little mercurial ointment was rubbed at night over the painful part. Since this period she has menstruated with comparative comfort, and the womb, although perhaps rather large, may be said to be fairly healthy and well placed.

This is a case which in its general features is frequently met with in practice, and it may be very well taken to illustrate the pathology, symptoms, and treatment, of the membraneous form of dysmenorrhœa. It will be seen that painful menstrual periods, with a copious rather than a scanty flow, the unfolding and casting off of portions of membrane, then a large heavy indurated womb, the weight of which destroys its balance and displaces it backwards, are the principal signs to be noticed. Partial prolapse too, congestion and ulceration of the cervix, with sterility, may also be remarked. It is not my design in this communication to treat at full length the subject of membraneous dysmenorrhœa, but a few remarks on the sequence of morbid actions in this class of cases, with the treatment which is indicated, will, I hope, be thought useful.

The membrane which is thrown off from the womb in this disease varies in its appearance; sometimes a clear tubular cast of the uterine cast is expelled, although this, I believe, is comparatively rare. More frequently, small portions the size of the nail, or larger pieces of an irregular shape, are detached, and cause severe suffering in their expulsion. Sometimes the menstrual blood coagulates around a portion of membrane, and comes away as a hard compact clot. Very often the discharge consists of thin thread-like portions, and sometimes half a cupful or more of thick branching tufts, very much like the chorion villi filled with blood, will be thrown out from the womb. This latter variety of discharge has, I believe, been mistaken for the so-called hydatid degeneration of the placenta, which I feel persuaded never takes place unless impregnation has preceded it, and

a true chorion formed. How is this membrane produced? It is generally thought to be lymph, but if some good specimens are carefully examined, they will be found to possess the same structural elements as the uterine decidua. Not only do they resemble the decidua in having an attached rough surface and a smooth free one, but what is far more significant of their identity is, that they are full of little holes with epithelial scales, which I cannot doubt are the openings and epithelium of the follicles of the uterine glands. It is very true, as Dr. Montgomery has noticed, that the small cotyledonous sacs are wanting. But this is often the case in the flaps of uterine decidua which are thrown off in abortions, although here and there very perfectly formed specimens of them are to be found. I doubt whether the swollen uterine glands bulge out into sacs until the ovum gets fixed by its exochorion within them, as, in two specimens of extra-uterine fœtation which I have examined, the very exuberant decidua, with its characteristic apertures and epithelium, still remains tubular without expanding into cells. I have for some time entertained the conviction that the membrane cast off in dysmenorrhœa is formed from the enlarged uterine follicles, just in the same way as is the uterine decidua, and that, like it, it is detached from the cavity of the womb. The shred-like masses are caused by a very recent and imperfectly formed membrane, which breaks up and becomes mixed with and stained by the menstrual blood.

The practical bearing of these remarks is, that as the uterine decidua is formed under the influence of an action going on in the ovary, so the membranous dysmenorrhœa is not primarily an affection of the womb, but of the ovary. In healthy menstruation the congestion of the ovary, the engorgement of the womb, the opening of the veins on the surface of the cavity of the womb, and the flux of blood, are all in harmony, the latter being, so to speak, the resolution of the former. But when the ovaries are unduly excited, as, for instance, from the prevalence of one or more of the numerous ways in which sexual feelings may influence them, then the uterine glands sympathetically enlarge, the lining membrane of the womb becomes raised, and the body of the womb swells out. This change in the mucous membrane goes on during the interval between the monthly periods, and when the flow begins the new formation is cast off, and the uterus in the act of detaching and expelling it becomes the seat of very painful contractions. Gendrin, Jörg, and others, have enumerated amongst the changes which are observed in the internal sexual organs during menstruation, that the lining membrane of the womb is covered with fungiform villi which are probably vascular. And this observation would seem to be related to Müller's idea, "that menstruation is the result of a periodical regeneration, a kind of moulting of the female generative organs, attended perhaps with the formation of a new epithelium." I lately examined the uterus of a young female who died menstruating, but the mucous membrane was still clear and smooth. Blood exuded freely when the substance of the womb was pressed, but there was no appearance of that raising

of the lining of the membrane of the womb which is erroneously described as from fungiform villi. I very much doubt whether this change, and the consequent periodical moulting of the mucous membrane of the uterus, occurs uniformly during menstruation. It is speedily produced, however, under any morbid excitement of the ovaries, and is then cleared off either in threads, or thin flimsy portions, or in larger and denser patches, according to the degree of developement at which it has arrived.

But there is a sequel of the membraneous form of dysmenorrhœa which merits more attention, namely, the tendency of the womb to become permanently bulky and hard, and as the result of this to become retroverted. I can bear testimony to the truth of an observation of Dr. Rigby, that retroversion is one of the most common affections of the unimpregnated womb, and I would add, that one amongst several causes which produces it is the continuance of this membranous dysmenorrhœa. It will be noticed in the case I have related, and it is a mark of distinction between this and obstructed dysmenorrhœa, that at first a copious menstrual flow took place—menorrhagia, in short. This symptom, while it shows the way in which two different functional disorders of the womb are associated together or run into one another, is, I believe, a salutary effort to relieve the morbid congestion of the uterus. Like hæmorrhage from other organs when diseased, it is really conservative, a useful topical bleeding. But after a time the uterus does not recover itself, it becomes heavier and larger, and it appears that the posterior wall swells out more than the front wall, and then the womb loses its natural inclination forward; it first becomes vertical, then inclined backward, and at last retroverted. This change occurs slowly, sometimes taking many months to accomplish. The texture of the womb becomes altered. In a recent congestion the posterior wall is felt soft, compressible, and painful to the touch, but after repeated engorgements the tissue becomes harder, more solid, very much like a fibrous growth. A further change too I have noticed, which is, that occasionally when the womb is thus displaced, it excites inflammation in the neighboring peritoneum, false membranes are formed which fix the womb, and an irreducible retroversion is the result.

I have laid some stress on the swelling of the posterior wall, because it appears to me to be more sensibly affected by congestion than the anterior wall. The natural convexity of this part becomes still more prominent, and, when examined by the finger, it often feels so round and solid, and swells out so abruptly from the cervix, that I am quite sure that it is often mistaken for a fibrous tumour. This swelling of the posterior wall forms a good practical distinction between a womb enlarged by congestion and a womb distended by an early pregnancy. I have been in the habit of depending very much on the even enlargement of the anterior wall of the womb, which is quite appreciable to the finger, as a good diagnostic mark of an early pregnancy. The natural flatness of the anterior wall is quickly ef-

faced by pregnancy; so that, so early as a month or five weeks, this physical change may be detected.

The symptoms which attend this form of retroversion are not, generally speaking, so severe or so well marked as might be expected, or, indeed, as they are described. It is rare for the displaced womb mechanically to interfere with the bladder or the rectum, and as rare for it to press upon and obstruct the veins. Sometimes, however, if a person has been standing for any length of time, especially during menstruation, dysuria ensues, which is relieved by lying down for some hours. The rectum, too, in these cases, generally escapes pressure; and it is surprising, even when the womb is very solid and bulky, appearing to the finger to fill the cavity of the sacrum, how rarely mechanical constipation ensues. In these cases, as in pregnancy, there seems to be some mechanism, which, I think, notwithstanding what has been said about it, is yet unexplained, by which the uterus is directed towards the right side of the pelvis, removing it from the rectum. There are, however, a class of cases where engorgement of the womb is associated with hæmorrhoids and bleeding from the rectum, which ought not to be confounded with the present cases; they occur in women whose digestive organs have been long disordered,—who indulge freely in eating and drinking, and take but little exercise,—whose bowels are habitually constipated, and the colon loaded. The urine in these cases is often charged with lithic acid, and, as a consequence of the portal congestion, the hæmorrhoidæl veins swell, and eventually the uterus becomes engorged. Painful and oftentimes copious menstruation occurs in this form of complaint, as Dr. Rigby has so well shown; but the pathology of the two classes of cases is essentially different. In the one, the depraved state of the digestive organs induces engorgement of the womb; in the other, the affection is at first confined to the internal sexual organs, and any disorder of the general health is slowly induced.

The principal symptoms which I have noticed as the result of the large and retroverted womb have been, an habitual weight in the lower part of the abdomen, and a painful sense of pressure about the sacrum; pain of a dragging kind referred very distinctly to the inguinal canals, but very often only to one of them, with pain in the corresponding hip. There is pain, too, in sitting down, and a feeling as though some body were pressed upwards. If the cervix gets bulky and full, a thick mucous discharge comes on, which frequently is discharged in lumps.

It has been advised in these cases to redress the womb by means of the uterine sound; but I think this expedient is very rarely required. If the forefinger is placed against the anterior part of the cervix, and this part pressed backward, the womb, although large and heavy, may readily be raised and directed forward, and, in the act of reducing it, a sense of its weight and the extent of its displacement is conveyed to the finger. No permanent good, however, is obtained by the operation, as the womb quickly falls back again, and the same symptoms of pressure, which for the moment were relieved,

again come on. I have known a great deal of pain caused by using the sound in the way described; and, if the womb is held by false membranes, to attempt to overcome the resistance by the sound would be not only painful but dangerous.

In the treatment of membranous dysmenorrhœa, with a large, hard, retroverted womb, I have found the plan which was adopted in the case described the most effective. It consists in keeping the patient as much at rest as possible, in regulating the diet so as generally to avoid stimulants, but not to lower the strength, and to give small doses of mercury, so as slightly to affect the gums: two grains of blue-pill, with three of Ext. Conii, night and morning, or five-grain doses of Plummer's pill night and morning, answer the purpose required. On the first appearance of the gums or palate being tender, I generally give the Liq. Hydrarg. Bichlorid. ʒj. in sarsaparilla or bark, which, while it keeps up the action of the mercury, is really a tonic, and improves the general health. If the patient does not bear mercury well, it is well to commence and continue with this last preparation, and a small quantity of blue ointment, with Ext. of Belladonna, may be rubbed at night over the inguinal region. Leeches should be applied to the upper and back part of the vagina once a week. Three or four will in general be sufficient, and I can safely say that they are easily applied, and offer the most effective means that I know of for reducing the womb. Cupping on the loins, or leeching the inguinal regions, are, in my experience, far less useful for the purpose. In the case which I have related the cervix was scarified several times because of the vascular granulations which covered it; but unless a surface of this kind is present, which bleeds freely on being lightly cut, I do not think it a good plan of local depletion. When the size of the womb is reduced by these means, an occasional blister on the sacrum will be found very useful. I have generally found patients obtain great relief by their application. The reduction of the womb may be assisted by warm hip-baths, or the injection of warm poppy-water into the vagina. By following out this plan of treatment, and attending to the general health, I have often succeeded in reducing these large, solid, hypertrophied wombs, with the dysmenorrhœa which accompanied them, and the conviction has forced itself upon me, that the cases of fibrous tumour which have been supposed to be cured have really been cases of this kind. When the influence of mercury is obtained, small doses of Iodide of Potassium, or, what I have found more useful, small doses of the Liq. Potass. Arsen., may be given with advantage. The latter medicine should be administered in the way recommended by Mr. Hunt—on a full stomach, and in decreasing doses.

Sometimes the womb has so long been displaced, and is so very hard, that it seems to resist any attempts at cure. I have now a case of this kind under care in a woman æt. 48, who has ceased to menstruate for a year and a half. In this, as in similar cases, the metallic stem support described by Dr. Simpson effectually retains the womb *in situ*, but I have not found this instrument desirable in other cases.

The object generally is not to support a large womb, but to lessen its size, to stop the ovarian excitement which is causing it, and to secure its spontaneous reduction. In these cases much comfort is obtained by an elastic abdominal belt, with a perinæal support.

The views which have been propounded on this subject may be expressed in the following conclusions:—

1. There is one form of menstruation rendered extremely painful from the production and casting off of a membrane from the cavity of the womb.

2. That this membrane is not a product of inflammation, or a thick mass of epithelium, but it is formed from the uterine glands just as the decidua is, and is detached and expelled in the same way.

3. That the morbid action does not begin at the uterus, but in the ovary; and the sequence of effects is first ovarian congestion, calling forth a sympathetic growth of the uterine glands, forming a false decidua and uterine engorgement.

4. That this uterine engorgement is oftentimes relieved by a profuse menstrual flux; but if not, the posterior wall of the womb gradually increases in bulk and becomes hard, the balance of the womb is spoiled, and the body falls back, retroverting the womb.

5. That the swelling of the posterior wall, and the falling back of the womb, forms a differential diagnosis between congestion and early pregnancy, the anterior wall enlarging in the latter, and the body of the womb directed forward.

6. That the symptoms of retroverted womb from this cause are not often those of mechanical obstruction to the other pelvic viscera, and they are for the moment relieved by redressing the womb, which may almost always be effected by the finger without the aid of the sound.

7. That the treatment consists in strict attention to the general health, but that the most effectual way of removing the disease with the enlarged womb is by leeching the uterus, and the use of mercury.—*London Med. Gaz.*

Tuberculous Abscess in the Pancreas.—The rare occurrence of disease of the pancreas renders the following case interesting. The subject of the case was a young female, aged 25, who had for a considerable time been out of health. Four years ago she had suffered for about two months from severe pain at the lower part of the chest, extending through to the back, which prevented her from lying on her right side or on her back. After the subsidence of this attack she seems to have continued in tolerable health for nearly three years, at the end of which time she became affected with lassitude and debility, uneasiness in the chest and bilious vomiting. The vomiting would sometimes last four or six hours. From this time her skin slowly and gradually became jaundiced, and continued so to the date at which she came under M. Cruveilhier's care, who has recorded the case. She complained at this time chiefly of loss of appetite, and inability to lie on her back in bed unless propped up. Her tongue was moist, and digestion good; but her bowels were obstinately con-

fined, so that she did not require to go to the closet oftener than once in four or five days. The evacuations possessed their natural colour. She had some uneasiness on pressure over the epigastrium. The margin of the liver could be felt below the cartilages of the ribs, and appeared slightly enlarged: some pain was caused by pressure over this organ. The urine was not high coloured, and formed no precipitate on the addition of nitric acid. She had now very little uneasiness in the chest; no cough, palpitation, or headache. Neither by auscultation nor by percussion could any thing abnormal be detected in the lungs or heart. Some slight remedies were made use of. In about a week she became feverish and generally ill, without any known cause: in the evening of the same day she vomited some bile. The vomiting continued next day, and was accompanied by loss of appetite, and severe pain at the pit of the stomach. The pulse was 100, small and feeble. The vomiting was almost incessant for the two following days, when she became extremely exhausted: the pain in the epigastrium was most severe. No evacuation from the bowels had taken place since the commencement of the attack. Tongue dry, furred, white on the dorsum, red at the tip. Pulse 90, small. She died exhausted the same evening.

The liver was found rather larger than natural; its right lobe firm in texture, and of a peculiar greyish green colour throughout. About two ounces of dark green bile were contained in the gall-bladder. The glands in the neighbourhood of the stomach were enlarged, softened, and infiltrated with a blackish matter. Those near the pancreas were also enlarged, and filled with tuberculous matter. The pancreas was about natural in size. Within its last half, or tail, was found an abscess, capable of holding a small hen's egg. It was filled with thick purulent matter, and its cavity was lined by a thick and tough, greyish, organised membrane, within and around which were numerous softened tubercles. External to the abscess the tissue of the pancreas was spread out, and appeared atrophied. The right half of the pancreas was dark coloured, but healthy in structure. The pancreatic duct was entire. Two small cretaceous masses of tubercles were found in the spleen, and two similar ones in the apex of the left lung. Traces of recent violent inflammation were found in the stomach, the duodenum, and for a short way down the jejunum.—*Ibid. from Gaz. des Hôpitaux.*

MANCHESTER PATHOLOGICAL SOCIETY.

Detection of Sugar in the Expectoration of Patients affected with Diabetes.—Dr. Francis presented to the Society a specimen of sugar which he had obtained, a few days previously, from the expectoration of a man the subject of diabetes mellitus.

The patient, aged 25, for upwards of a year suffering the ordinary symptoms of this disease, and at present much wasted in flesh, had, during the last six months, shown signs of advancing pulmonary phthisis. The expectoration latterly had amounted to little less than

24 ounces daily, and, on the day which furnished the specimen submitted to examination, had even exceeded that quantity. It was composed of an abundant white, frothy, tenacious mucus, holding in suspension little rounded masses of opaque yellow material.

In order to the detection of sugar, the expectoration was, first of all, treated freely with strong alcohol, which coagulated much of the albuminous matters. Distilled water was then added, and, after agitation and digestion for a short time, the whole was thrown upon a filter, and a clear watery fluid readily passed through.

A small portion of this fluid reduced the protoxide of copper when tested after the manner recommended by Trommer, and another portion underwent fermentation over mercury.

The remainder was evaporated in a water-bath to dryness, the residue broken up into fragments, and digested for several hours in alcohol, which was then filtered. The alcoholic solution thus obtained was of a yellowish tint, clear, and decidedly sweet to the taste. On evaporation, it left the considerable quantity of sugar now produced to the Society, and which will be found partly crystalline, of a rich sienna brown colour, strong honey-like odour, and intensely sweet taste.

A fluid ounce of the expectoration, after dilution with water, yielded by fermentation a trifle more than $2\frac{1}{2}$ cubic inches of carbonic acid, which would be equivalent to $2\frac{1}{2}$ grains of sugar, or 50 grains to the imperial pint.

The urine passed at the time of the examination contained sugar; its specific gravity was 1032, and its average standard for some days has been about 1035. The quantity passed was much less than formerly.

Dr. Francis had detailed at length the account of the process he had used, because, so far as he knew, the presence of sugar in the expectoration of diabetes had not previously been sought; at any rate, he could find no allusion to the subject in the Sydenham Society's edition of Simon's Animal Chemistry, which, with the notes of its accomplished editor, may be assumed to have brought our knowledge in such matters up to the present time.

In addition to the above case, he had, within the last two days, had the opportunity of examining the expectoration of another man who was under treatment two years ago with diabetes, and who, in addition to this, is now far advanced in phthisis. Here the expectoration was more scanty, and consisted of purulent matter, rendered tenacious by an admixture of rust-coloured secretion from a little local pneumonia. In this case an ounce of sputa contained so much as about seven grains of sugar.

It might be found, he thought, when closer attention came to be given to the subject, that there were other organs than the kidneys habitually playing an active part in the removal of the sugar which was accumulating in the blood during the progress of diabetes. There were, at least, some grounds for believing such might be the case from the results just detailed, and, if so, the quantity of sugar

escaping in the urine could not be viewed as an absolutely safe index to the quantity formed in the system, unless taken in conjunction with other means of its elimination.

The cases might further be looked upon as furnishing an argument, if further evidence upon the subject were necessary, that the kidneys play no part in the formation, but merely in the separation from the blood, of the sugar.

Raspberry-like Nævus.—Mr. Thompson, of Stalybridge, presented four nævi, removed by ligature, which were interesting by reason of the proof they afforded of their hereditary character. One was larger than a walnut, and three equalled raspberries in form and size. In colour they were bright blood red, and their surfaces resembled exactly the raspberry in appearance.

They were removed from the right shoulder of a very healthy woman, aged 44 years, who had borne eight children. She first noticed the large nævus in her eighteenth year. It was then like an ordinary brown mole, possessing very little sensibility. After a time it increased in size, and at length became very sensitive and painful, and acquired the appearance described. It was attached to the skin by a peduncle about a quarter of an inch in diameter, which was occasionally excoriated, and discharged a very offensive fluid.

This woman's daughter, maternal grandmother, and great grandfather, have all had similar nævi.—*Ibid.*

Considerations on the Treatment of Typhoid Fever. By M. Gendrin.—Typhoid Fever,--the dothinenteritis of Bretonneau, and typhus abdominalis of the Germans, has lately become unusually common in Edinburg. It may be said to be the prevailing form fever of both in that city and in Glasgow, a circumstance sufficiently curious, when it is remembered that, for several years past, no intestinal lesion has accompanied the disease. It was first remarked by Prof. John Reid, when pathologist to the Edinburgh infirmary, that the few cases which appeared there, always came from the country, more especially from Linlithgow, or Fife, and never originated in the city. Dr. Hughes Bennett, the present pathologist, has, for more than three years, had occasion to confirm the truth of this observation, and lately stated (see report of Ed. Medico-Chir. Society, Month. Journ., June, 1846), that during that time, only two cases had occurred in the infirmary. During the present winter, the disease has been very common, and he has examined upwards of twenty cases, in which the follicular lesion of the intestines has been more or less well marked. Under these circumstances, observations on the treatment of this affection, by so experienced a physician as M. Gendrin, condensed from a lecture he lately delivered, may be considered as particularly well timed.

According to M. Gendrin, typhoid fever must inevitably pass through its three stages of increase, intensity and decline. He insists on this, because the practical rules which result from it, are, that the

disease cannot be cut short, that the expectant system is the basis of our treatment, and that the active interference of art ought to be limited to accelerating the evolution of the disease, and to moderating the accidents which arise during its course.

Thus, in a slight case of typhoid fever, M. Gendrin only follows the expectant system of medicine. He causes it to consist in surrounding the patients with all the hygienic precautions compatible with their social position: submitting them to a dietetic regimen, having relation to the state of their digestive organs, and removing all those moral influences which may act injuriously upon their minds or bodies. In this manner a cure is effected in a considerable number of cases.

When the disease is severe, a more active treatment is necessary, consisting of blood-letting, evacuants, baths, epispastics, alteratives, &c.

M. Gendrin believes it useful to practise one or two bleedings from the arm in the first stage; but when this has passed, when the petechial eruption is developed, he considers no benefit is to be thus obtained. Local blood-letting, according to him, causes more injury than benefit, for leeches or cupping applied to the abdomen, act at too great a distance from the inflamed intestine, to render them efficacious: and, on the other hand, a quantity of arterial blood is removed, which enfeebles the patient without doing any good.

In many cases, dyspeptic symptoms may be observed at the commencement, or during the progress of the first stage. All the individuals who enter his wards with stomach symptoms take an emetic with the best results. Typhoid fevers, accompanied at their commencement with symptoms of prostration, are transformed into a benign fever, under the influence of a vomit. Such was the treatment the French found to succeed completely at Vienna in 1809. It is only necessary that the emetic should be administered at an early period, for when the petechial eruption has occurred, and ulcerations have taken place in the small intestines, or an erythematous state in the stomach, the remedy is more hurtful than beneficial.

M. Gendrin strongly condemns the indiscriminate use of purgatives, more especially drastic ones, which he rejects altogether. The only agents of this class he employs are gentle aperients, emeto-cathartics, which, in addition to a local, conjoin a general action. He prescribes these remedies at the commencement, and sometimes during the decline of the disease, when there remains some flatulence, and liquid matters remain in the intestines, as is announced by gurgling. A saline purgative will then excite the action of the intestines, and decide the convalescence.

M. Gendrin has employed cold affusion in typhoid fever for fifteen years, causing water to trickle over the surface, or to be applied with a sponge. He considers it most afficacious in moderating the symptoms of the first stage, and it is very grateful to the patient. The subtraction of caloric in this way causes the pulse to fall from 120 to 80 and even to 60 beats in the minute. It sometimes happens that the

pulse very slowly rises again, and therefore it is necessary to proportion the subtraction of caloric to the reactive powers of the individual. It should only be applied in the first stage, for after the eruption, reaction is not possible.

Tepid baths, on the other hand, are applicable exclusively to the adynamic period. They then serve to re-establish the action of the skin. It is necessary to prevent their too prolonged use, and too high temperature, otherwise they become debilitating.

Epispastics, more especially blisters, are at present very little employed.

In the last stage tonics are often necessary, especially combined with nutritive substances. M. Gendrin gives, with beef tea (bouillon), the wine of quinine; which has the advantage of uniting a fixed tonic with a diffusible stimulus. Wine, associated with bitter and aromatic substances, he prefers to camphor, which is only useful when there are ataxic symptoms.

Lastly, M. Gendrin speaks of the medicines which act chemically. They are, Seltzer water, chloride of sodium, alkalies, and chlorine, administered internally. All these preparations, according to the Professor of la Pitié, have no great advantages to recommend them. The effervescing lemonade only constitutes an agreeable drink, the action of which, slightly stimulating, may be rendered serviceable. With regard to the chlorates and chlorurets, they have such an insupportable odour, as to be rejected for this cause alone, even were their therapeutic inutility not proved by experience.—*Monthly Journal of Medical Science, from Journal de Medicine et de Chirurgie Pratiques.*

Case of Pulsating Veins. By Sir H. Marsh, Bart.—Catherine Duffy, aged 28, was admitted into Steevens' Hospital under Sir Henry Marsh, 13th May, 1846, presenting the following appearance:

All the superficial veins of the right arm and hand are greatly dilated; those on the back of the fore-arm, above its middle, being much convoluted as well as swollen. The veins on the back of the hand are much contorted, and in various places varicose. On the little and ring fingers the veins present, in a well-marked manner, the appearance of aneurism by anastomosis, whereby these fingers are irregularly swollen to fully double their natural thickness.

A little before the axillary artery becomes brachial, or just above the lower edge of the tendon of the latissimus dorsi, the vessel becomes abruptly dilated to fully four times its natural diameter. The dilatation is of the entire circumference, and extends about two inches along the brachial artery; its calibre is tolerably uniform or cylindrical, except that on its anterior and internal surface it assumes a form somewhat irregular or nodulated. Above this dilatation, as far back as can be traced by the finger, the vessel, though not considerably dilated, feels larger than is natural, or than its corresponding portion on the opposite side. About two inches below the commencement of this dilatation, the artery as abruptly contracts. The contraction is

such as to convey the idea of a cord having been tied tightly around the vessel. Immediately below this contraction the vessel appears again to dilate, but not in its entire circumference ; a pouch or sack, somewhat of the size and form of a split hazel-nut, occupies its anterior and internal surface. Between this sack and the vessel there is an obvious communication, the former being readily emptied by pressure. Below this last described tumour, till pretty near its bifurcation, the artery is of uniform calibre. It is somewhat, but inconsiderably, larger than the corresponding portion in the opposite extremity. From just above the internal condyle to its bifurcation, the the vessel is again uniformly dilated to fully double its natural dimensions. The radial and ulnar arteries are distended to pretty nearly twice their natural size, uniformly throughout their entire extent.

On the posterior and internal portion of the fore arm, corresponding to about the middle of the ulna, is a soft, compressible tumour, slightly pulsating, and in size somewhat about that of half an ordinary sized walnut. In the palm of the hand, immediately beneath the pisiform bone, is an ill-defined pulsating swelling, which resembles an aneurism by anastomosis ; beneath this, and corresponding to the cleft between the middle and index finger, is a tumour of a similar nature, somewhat less in size, and less distinctly pulsating.

Pulsation is visible immediately above the sternum, along the brachial, the radial, and the ulnar arteries ; in the tumour on the back of the fore-arm, and in those in the palm of the hand. Pulsation is not visible in the carotids, nor in the tumours on the little and ring fingers.

By pressure applied to the axillary artery all pulsation in the tumour is arrested. Fremissement is well marked along the brachial, less distinctly along the radial and ulnar arteries. On taking the patient by the hand, and using gentle pressure, a tremulous purring sensation is communicated by the tumours in the palm.

On applying the stethoscope immediately beneath the acromial end of the clavicle, there is heard an intensely loud continuous murmur. This sound becomes somewhat augmented at every ventricular systole. As the stethoscope is moved towards the sternum, the murmur becomes less and less audible. At no part of the sternum can this murmur be heard. The heart's sounds appear perfectly normal. A *bruit de soufflet* is audible along the entire course of the brachial, radial, and ulnar arteries. A murmur exactly resembling the placental soufflet is heard in the various pulsating tumours. Nothing abnormal can be recognised in any of the other vessels in the body.

The pulse at both wrists is 72, and regular ; being, however, on the affected side considerably fuller and somewhat stronger than on the other.

The temperature of the affected limb (one of the symptoms the patient complained of as most distressing), was, when measured by the thermometer, always several degrees higher than that of the other. The amount of the difference was found to vary with the

condition of the circulation, being augmented by whatever produced an acceleration of the heart's action. Any slight excess of exercise, she states, causes the limb to be bathed in perspiration.

There is a dull, aching pain, of variable intensity, at all times present in the arm, from which some relief is experienced, as also a partial emptying of the vessels, and slight diminution in the size of the various tumours, by holding the arm in an elevated position.

The patient's general health does not appear to have suffered much; her strength is but little impaired, her appetite good, her bowels regular, and her sleep undisturbed. Her catamenia did not appear the last two menstrual periods, but had always been previously regular.

The patient's history is briefly as follows:

Her parents, and numerous brothers and sisters, are healthy. She has been married eight years, and has had five children, nothing remarkable as to hæmorrhage or otherwise having occurred at her confinements. Her circumstances being independent, she has never pursued a laborious life, nor employed her right arm in any way calculated particularly to fatigue it. She has ever considered herself healthy and strong, except that intestinal worms have been to her for some years a source of much trouble. She states that from childhood, so far back as she can recollect, she thinks she had observed the veins of the effected arm and hand to have been larger and more swollen than those of the other; but having experienced from this no inconvenience, she never attached to it any importance. About a year and a half ago, she, for the first time, observed a throbbing to occur in the effected arm after exertion, or increased exercise of any kind. Somewhat about the same time, as well as she can recollect, she first felt a sharp stinging pain occasionally shooting down the arm, commencing, as she describes it, at the inferior angle of the scapula, and shooting through the arm to the hand. For some time she attached but little importance to these symptoms, the pain being but occasional and momentary, and the throbbing caused alone by exertion. Since then to the present time they have been gradually becoming more distressing; the occasional sharp stinging pain has been replaced by one constant, dull, and aching; while the throbbing and distressing sense of heat, which at first was brought on alone by excess of exercise, is now ever present, even while at rest. She can give no definite information as to the period of the first appearance, or the progress of the various tumours, but is of opinion that they have all formed within the last eighteen months. She has had much medical advice, having consulted several physicians, and having been for some time in hospital previously to coming into Steevens', but is of opinion that she has derived but little benefit from treatment.

For the sake of brevity, a detail of the daily treatment has been omitted, the more especially as it appeared to exercise but little control over the disease. It consisted for the most part, of general sedatives, with the local application of refrigerating lotions, and the occasional employment of pressure,—pressure generally of the entire

limb, and specially on the distinct tumours, varying its position and degree as appearance indicated. The latter part of this treatment required caution, as also a prolonged interval between the periods of its imployment; for, even when inconsiderable, it soon caused no slight augmentation of the patient's sufferings. Most relief appeared to be derived from cold applications to the limb.

At the expiration of somewhat more than two months, the patient, at her own request, left hospital, having apparently derived but little benefit from its treatment.—*Dublin Quarterly Journal.*

A Case of Enlargement of the Thyroid Gland, treated by Seton. By Henry Kennedy, M. B.—In November, 1845, a woman, aged 35, applied to me on account of an enlarged thyroid gland. She had been married nine years, and had four children; she has lived of late years in Dublin, and has always been healthy in every respect excepting the disease she applied about. The gland had begun to enlarge so far back as the year 1832, thirteen years before my seeing her. At first it had increased very slowly; but the last year or so, she said, it grew more rapidly. When I saw it the tumour was at least the size of the largest orange; it was very hard to the touch, as if it were solid, but was divided into two portions, of which that on the right side was much the largest; it did not vary in size at the menstrual periods. It was not, however, on account of the bulk of the tumour, for in that respect there was nothing remarkable, that the patient applied for relief, but because it had affected her swallowing from a very early stage of its growth; and this symptom had latterly become much more distressing: solids were more difficult to get down than fluids, as might be expected. She referred the obstruction to the seat of the tumour. She told me she had shown it to other medical men, but she considered it still increasing. I ascertained that iodine had lately been used, both internally and externally for some weeks.

Under all the circumstances of the case, the tumour and dysphagia on the increase, and iodine having got a full trial, I determined on some more decided line of treatment, the more readily as the patient herself was most anxious that something should be done. The plan by seton seemed to hold out the best prospect of success, and it was carried into effect, having previously brought the general health into the best condition. The first seton was passed on the 30th of November, 1845. A common curved needle of the largest size, with its eye nearly full of doubled silk thread, was passed from below directly upwards, through the anterior portion of the tumour, about half an inch from the middle line of the neck, and including a space of at least one inch and a quarter between the entrance and exit of the seton. This was then fixed so as to prevent its slipping out, and the patient was desired to keep a poultice constantly applied, and also to keep her bed for two days; no bad effects followed. It is enough to state here that this first seton was withdrawn in ten days; that at the end of a fortnight a second one was passed; that it was double the size of the first, and its introduction was followed by a very considerable de-

gree of constitutional iritation, which, however, subsided in about four days; suppuration then became very fully established, and the second seton was withdrawn, after being in twelve days. With the exception of poulticing, nothing was done during the next four months. In this time considerable changes had taken place in all the anterior portion of the tumour, and that part of it which occupied the left side; it had become very hard, and gradually, but steadily, diminished in size. The larger portion of the tumour, however, occupying the right side of the neck, remained stationary. It appeared, indeed, as if it had grown somewhat larger; but this was not certain. A third and last seton was passed through this portion of the tumour in the month of April, 1846; its direction was upwards and outwards, so as to take in the longer axis of the swelling. This seton was four times larger than the previous one; it was passed with a large packing-needle, with the edges and point properly ground. After sixteen days the seton was withdrawn, the suppuration being then very considerable. Finally, after four months more, the entire tumour had so much lessened, that it might be considered as cured. The entire process occupied between eight and nine months.

At the present time (January, 1847), the eye cannot detect any tumour, but to the touch one remains, which is probably the size of a small chesnut. There is no deformity whatever, and very trifling marks of where the setons had been passed. The patient, too, feels no difficulty of swallowing, at least none that causes any inconvenience.

As I wish here to confine myself merely to the facts of this case, I have purposely omitted the consideration of several points which might fairly admit of discussion; such as the nature of the tumour; the question of a more general use of this plan, after the more ordinary means have failed, particularly iodine; the nature of the dysphagia, as to whether it was nervous or mechanical; the causes of those enlargements, and other points connected with the subject in a general way. It is to Quadri, of Naples that we are indebted for the plan of treatment put in force in the present case. Not being certain of what the result of the treatment would here be, I did not take the precaution of getting a cast of the tumour when it was of large size. This, probably, is of less consequence, as the patient has been seen by several gentlemen, to whom I may here refer. Dr. Clarke, of Herbert-street, saw her repeatedly; he took much interest in the case, and kindly gave me his assistance. At a late stage, and after all the setons were withdrawn, the patient was seen by several physicians and surgeons of this city.—*Ibid.*

Poisoning by Sulphuric Acid.—On Monday, Dec. 29th, 1845, a boy, aged 9, was admitted into the London Hospital, under Dr. Little, suffering from the effects of oil of vitriol. He was at play in the street, when a strange boy give him a teaspoonful of it to drink; he swallowed about an ounce of the acid, and was instantly seized with excruciating pains in his throat and stomach. He ran home, and,

according to his father's account, looked as if somebody had been smearing his lips with white paint. He was carried as quickly as possible to a neighbouring surgeon, who administered a great quantity of chalk and magnesia; five minutes, however, must have elapsed before anything was done. His father then brought him to the hospital, and he became very sick, throwing up a quantity of brownish matter, from which the chalk readily subsided, leaving a supernatant liquor, strongly resembling porter; it was chiefly mucous, charred by the sulphuric acid. He appeared to be suffering a great deal, the countenance was anxious and deadly pale, the extremities cold, and the pulse scarcely perceptible. Under active treatment he rallied, and in about seven hours fell into a quiet sleep; he passed a very comfortable night, and got out of bed twice to void his urine. In the morning, the countenance still looked anxious; he complained of pain in his throat and stomach, though it was not increased by pressure; the lips were swollen, and surrounded by reddish-brown scabs, the effects of the acid; the tongue also was covered with a pearly-white epithelium, which had already begun to peel off from its sides, the skin was hot and dry; the pulse one hundred and thirty-two, hard and jerking. He was ordered albuminous food, and two leeches were applied over the top of the sternum. This febrile condition lasted for four days, the skin remaining hot and dry, and the pulse quick and jerking; during this time he was copiously salivated, and he spat up a great deal of white, shreddy epithelium; the urine was high coloured and increased in quantity, while the bowels remained obstinately constipated. On the fifth day an active purgative relieved them, and from that time he gradually got well. The urine which he voided during the first four days of his illness was submitted to chemical analysis. Its quantity was greater than natural; it had a deep red colour, a strong acid reaction, and a specific gravity varying from 1046 to 1030; it did not contain the least trace of albumen, but held so much of the triple phosphates in solution; that on neutralizing with ammonia they were thrown down in the form of a copious white precipitate. On testing for sulphuric acid, there was found, on the first day, a quantity equal to sixty-two grains of the strongest oil of vitriol; on the second day, forty grains; on the third day, 18.3 grains, and on the fourth the equivalent of 12.7 grains. The urine was not examined on the following day, but on the sixth it had again become natural. In all, therefore, 133 grains of monohydrated sulphuric acid were thus got rid of—a quantity which is about equal to an ounce and three-quarters of the dilute acid of the London Pharmacopœia.

The case offers the following peculiarities:

1. That he should have recovered after the poison had remained so long in the stomach.
2. Its detection in the urine shows that the acid had been absorbed.
3. Its action was almost entirely local, the only constitutional symptoms being a little fever with copious diuresis.

4. That the duty of getting rid of the poison rested with the kidneys.

5. That as much as, or rather the equivalent of, 133 grains of the strongest oil of vitriol should be permitted to circulate with the blood of a child nine years old without producing any very dangerous consequences.—***Lond. Med. Gaz.***

Polypus of the Rectum. By Mr. Syme.—Sir A. Cooper states, in his Surgical Lectures, that "in the course of his life," he met with only ten cases of polypus of the rectum.

Some time ago, I met with five cases in the course of a single fortnight—two of them in adults, and three in children—and I have seen a sufficient number of other instances of the disease, to satisfy me that it is not by any means so rare as has generally been supposed. It presents itself in three different forms, of which one usually occurs in childhood, and does not appear much beyond puberty. A gentleman now established in practice, not far from Edinburg, when attending my lectures—then I suppose about eighteen or nineteen years of age—applied to me for the removal of a polypus, such as is met with in early life; with this exception, I never met with it beyond the ninth or tenth year. It is extremely soft vascular, of a florid red colour, and assumes the form either of a worm from two to four inches in length, or of a strawberry with a connecting footstalk two or three inches long. This tumor seldom protrudes except when the bowels are evacuated, and then admits of ready replacement, although not without occasional hæmorrhage, which may be of considerable amount. The vascularity of this growth, and its attachment above the sphincter, made me averse from removing it by excision; and Sir A. Cooper has mentioned the alarm that was on one occasion excited in his practice by doing so. I have always employed the ligature; and though the soft structure readily gives way when the thread is drawn, bleeding has never occurred in a single instance, or any other symptom in the least degree disagreeable resulting from this mode of removal; I am therefore induced to regard it as the best that can be employed.

The disease appears in adults in two very distinct forms. In one of these, the growth is soft, vascular, prone to bleed, lobulated or shreddy, and malignant-looking, so as on the whole to resemble very much the cauliflower excrescence of the os uteri, but possesses a peduncle or foot stalk of firm texture, capable of sound cicatrization after being divided. The profuse, frequent, and protracted bleeding which proceeds from this sort of growth, renders its removal an object of great consequence; and this may be effected very easily, and with perfect-safety, by transfixing the radical cord of connexion with a double ligature, tying the threads so as to include a half of it in each, and then cutting it across a little below the constricted part. In a patient of Mr. Craig of Ratho,(who detected the disease from the great hæmorrhage it occasioned,) I could not accomplish protusion of the tumor, but guided a ligature on my finger, and tied it on the neck within the rectum. It is more satisfactory to force or draw the swel-

ling beyond the sphincter, so that the sound and morbid parts may be distinguished with certainty, and this can usually be done with great facility, although the growth has attained a large size. In a hospital case recommended by Mr. Anderson of Castle-Douglass, I brought into view and removed a tumor not less than an orange, which had a most malignant aspect, and had nearly exhausted the patient by hæmorrhage.

In the other form which polypus of the rectum assumes in adults, the tumor is of a firmer consistence, smoother surface, and more regularly spherical or oval form, so as to resemble the growth which in general constitutes *polypus uteri.* The symptoms resulting from this simple swelling are rather annoying than seriously alarming; and the patient, therefore, is apt to delay requiring assistance for a long while. In the case of an old lady, whom I saw with Mr. Hilson of Jedburgh, the tumor was about the size of a cherry, with a long stalk, and we were assured had protruded every time the bowels moved for twenty years. In another case, a gentleman whom I saw with Dr. Johnston of Cumnock, the tumor was nearly as large as an egg, had a cuticular covering, and appeared to have existed for a period equally long. I have always removed these growths in the way that has been already described, and never met with the slightest consequence of a disagreeable kind.—*Lond. and Ed. Month. Jour. of Med. Science.*

Pain in the Side, in thoracic inflammations, generally corresponds, according to the indication of the patient, not to the precise point of the organ affected, but to one a little below it,—that is, the painful sensation experienced is in a situation inferior to the lesion. When local evacuations of blood, therefore, are ordered, or blisters, they should be directed to be applied a little higher than the painful part—(*Rostan.*) This precision is not without importance in certain cases, for it may happen that, following the indication of the patient, remedies are often applied to the abdomen, when the disease is at the lower part of the chest.—*Ibid.*

Sugar in the fluid of Ascites in a Diabetic Patient..—In the fluid from the abdomen of a diabetic patient who was attacked with ascites, Dr. Landerer detected evident traces of the presence of sugar. The existence of this substance is almost all the secreted fluids in the body of persons affected with diabetes has now been proved.—*Heller's Archiv.*

Operation of Gastronomy for the Relief of Internal Strangulation.—We are informed that the operation of gastronomy has been recently performed by Mr. Hilton, of Guy's Hospital, with complete relief to the intestinal obstruction, in a man, twenty years of age, suffering from internal strangulation of a large portion of ileum of twelve days' duration. The point of obstruction was situated about twelve inches from the cæcum. The patient died of exhaustion a few hours after

the operation. Full particulars of the case will shortly be given at the Medical and Chirurgical Society.—*Lond. Med. Gaz.*

Fatal Effects of Ether Vapour on Animals.—M. Gruby found, in his experiments on ether-vapour, that dogs twenty days old lost their sensibility in from eighteen to twenty minutes. Grown-up dogs lost the power of sensation in eight minutes, and died if the action of the ether was continued for forty-five minutes. The dogs recovered their sensibility and motion when they were exposed to the air, if the experiment with the ether was not prolonged beyond eighteen minutes for the young, and forty to forty-four minutes for the adults. Young dogs, which had ceased to breathe, were brought to life by copious bleeding from the jugular vein.—*Ibid.*

Medical Controversies.—Dr. Cheyne remarks, in reference to a work which he wrote against a treatise by M. De Moivre, that, "being written in a spirit of levity and resentment, I most sincerely retract and wish undone, so far as it is personal or peevish, and ask him and the world pardon for it, as I do for the defence of Dr. Pitcairn's Dissertation on Fevers against the late learned and ingenious Dr. Oliphant. *I heartily condemn and detest all personal reflections, all malicious and unmanly terms, and all false and unjust representations*, as unbecoming gentlemen scholars and Christians, and disapprove and undo both performances, as far as in me lies, in everything that does not strictly and barely relate to the argument."—*Life of Dr. Cheyne.*

Many modern controversialists of the medical profession might profit by the example of this candid old physician of the seventeenth century. Nothing can more strikingly show the absurdity of indulging in violent controversies on medical subjects, than the utter indifference of another generation to them, and the complete oblivion into which they sink in a course of a few years. But medical writers are of an *irritabile genus;* and it is a rarity to meet with such an example of candour and good feeling as that shown by Dr. Cheyne.—*Lond. Med. Gaz.*

Fever in Ireland.—Fever is rapidly extending its ravages even in Dublin. The Cork-Street Hospital, one of the largest establishments of its kind in Ireland, is literally crammed with patients, to such a degree of inconvenience, indeed, that the governors have given directions to have temporary buildings—if sheds or tents can be so called—prepared for the reception of numerous patients for whom there is no accommodation within doors. The state of the Meath and Richmond Hospitals is equally deplorable, and the accounts from all parts of the country represent disease and destitution proceeding at an equal pace.—*Ibid, from Times.*

Honours Conferred on Medical Men.—The Queen of Spain has created Professor Orfila a Knight of the order of Charles III. Her

Majesty has also made him a dignitary of Spain by a special ordinance. These honours have been conferred on the eminent French Professor in consequence of his having completely remodelled the medical institutions of Madrid. In this reform, Orfila appears to have accomplished a miracle; for he has actually succeeded in satisfying *all* branches of the profession! When we have another medical reform bill under discsusion, it would be desirable to secure his services for Great Britain.

Don Pedro Castello, chief physician of Isabella II. has also been made a Knight of the Order of Charles III. and has had conferred on him the title of *Marquis of Health* (*de la Salud.*) As our French contemporary remarks, this must be a great recommendation to patients, but it is only reasonable to expect that the Esculapian marquis himself will henceforth be free from all attacks of sickness! The creation of this extraordinary title is in accordance with a strange practice prevalent in Spain, of fixing upon some quality or virtue in raising to the peerage an individual who may have no territorial possessions. Hence, among non-professionals, we find Dukes of *Fidelity and Victory;* and for the first time, we believe, among professional men, we have the creation of a Sanitary Marquisate!

Don Pedro Maria Rubio, another eminent Spanish physician, has been created a Knight of the Royal American Order of Isabella the Catholic.—*Ibid.*

Secret of Success in Medical Practice.—Skill and art alone are not sufficient. He (a medical practitioner) must be particularly mindful of his conduct. It is this which recommends him to the public, and creates confidence; for as the generality of people are incompetent to pronounce on his science, it is natural for them to take the measure of his ability from the measure of his conduct. By force of conduct alone, a physician, of very moderate talents, may become the favourite of the public; and without it, the most skilful professional man remain unnoticed and unappreciated.—*Lond. Med. Gaz. from Hufeland.*

Funeral of Professor Tommasini.—The funeral of the late Prof. Tommasini is said to have taken place recently at Parma with imposing splendour. The whole of the court, and more than three hundred families of distinction, were present at the ceremony. The members of the various medical faculties, and all the dignitaries in the army and in the state, were among the followers. The leaden coffin was borne to the church of the Campo Santo by the students of the Faculty of Medicine. The funeral took place at night, and as the procession passed through the streets, the front of each house was illuminated by torches, the last testimony of the sorrowful respect and gratitude of a nation.—*Ibid, from Gaz. Med.*

Adipocire.—By the courtesy of our friend Dr. Blakeman, of Bleecker street, we were invited, a few days since, in company with

Drs. Miner, Senr., J. K. Rodgers, A. C. Post, Linsley, F. C. Stewart, Borrowe, Williams, Rockwell, A. E. Hosack, &c., to inspect the body of a Mrs. F., which had been disinterred from a burying ground in Twelfth street, in which it had lain for 17 years. It was that of a very large woman. The coffin in which it had been enclosed was very little affected by its inhumation. The form of the cadaver was perfectly preserved. The extremity of the nose was gone, and the features of the face partially discernible. The arms, which were placed along the sides, had become much compressed by the swelling of the body, and the hands had broken off at the wrists. The remains of one hand, upon the right side of the abdomen, were distinctly visible, and the forefinger, with its nail, was entire. The rotundity of the breast was perfect—the abdomen flattened, as if by compression against the lid of the coffin. The left foot, like the hands, had separated from the ankle. The rotundity and shape of the thighs was remarkably preserved. The shroud adhered to the body and was not decayed, though discoloured. The cadaver presented a greenish hue from mould, with which it was covered, and a fresher coat of pure white, had been deposited upon it since its exposure to the air. The cap was distinct upon the head, and the bow of black ribbon on one side, somewhat faded, remained. By the consent of a son of the deceased, who was in possession of the body, a piece about a foot square was cut out of the abdominal walls, by Dr. Post, so as to expose the cavity. The knife passed easily through their substance, which was found to consist entirely of a yellowish cheesy substance. The thin layer of abdominal muscles could be discriminated, similarly converted beneath the adipose layer, which was very thick. The inner surface of the abdominal cavity was smooth. The viscera and a large lump of adipocire, lay at the bottom. The diaphragm was distinctly seen. Below it, and towards the left, much shrunken and condensed, and having the consistence, somewhat, of lung, lay the liver. The stomach, having its natural form and a macerated appearance, was distinctly visible, and some portions of the colon, collapsed and membranous, were discoverable. This was all that could be seen within the abdominal cavity through the aperture that was made. The exsected piece of abdominal wall was then replaced. An odour closely resembling that of gum ammoniac, exhaled from the body. We learn that the soil in which the coffin was interred, was sandy, and not moist; and that two bodies of children buried over it, and others in the vicinity, were in a state of complete disorganization. Some finger-bones, lying loose in the coffin, were taken up, and found so much softened as to be cut easily, but not altered in form. The shavings which the coffin contained, were blackened, but otherwise unaltered. The subject was 69 years of age, very fat, and weighed 170 pounds. The disease of which she died has escaped our recollection. The conversion of the human body into adipocire, though rare among us, has been not unfrequently met with. A body in this state of preservation was exhibited some time ago, at one of our public museums, coming, we believe, from Canada.—*N. Y. Annalist.*

Sick and Disabled Seamen.—One of the late Congressional documents comprises a letter from Dr. Ruschenberger, Surgeon to the U. S. Naval Hospital in New York, to a member of Congress, relative to the expenses of the Marine and Naval Hospitals. From it we make the following quotations respecting these important institutions.

"By an act approved July 16th, 1798, a tax of twenty cents monthly was levied on the pay or wages of all seafaring people; and, in consideration of the payment of this tax, collectors of ports are directed in the same act to 'provide for the temporary relief and maintainance of the sick or disabled seamen in hospitals.' Under this law all seafaring people who pay this tax, or 'hospital money,' are entitled to the 'relief' specified or intended.

"The rate of the tax thus levied is very heavy, as may be seen by comparing it with the amount of seamen's resources. For example, in the navy the total pay and emolument of a seaman are, annually, $144, and rations $73; equal to $217. From this sum he pays yearly $2 40, or more than one per cent, (1.10) on his total income. This is not an income tax, nor a property tax, but a tax upon the liability to misfortune of a class whose pursuit is eminently perilous to health and life.

"An act approved March 2d, 1799, levied the same amount of tax (to be applied in the same way) on persons serving in the navy. Officers, seamen and marines under this act were entitled to the same advantage as sailors in the merchant service. The fund resulting under the operation of these two acts constituted the '*marine hospital fund.*'

"By an act approved February 26th, 1811, the moneys, or tax collected from persons serving in the navy, were separated from the marine hospital fund, and constituted a fund under the title of 'navy hospital fund.' As no person in the navy had derived any advantage from the marine hospital fund between the years 1799 and 1811; and as it was fairly shown that the navy had paid at least $50,000 into it, this sum was taken from the marine hospital fund and paid over as the foundation of the navy hospital fund. By the act of 1811 the Secretary of the Navy, the Secretary of War, and the Secretary of the Treasury, were constituted commissioners of this fund; but, by an act approved July 10th, 1832, the Secretary of the Navy became the sole commissioner.

"The act of 1811 provides not only for the temporary, but also for the permanent relief of the sick and disabled officers, seamen and marines; and under its authority the naval asylum at Philadelphia was erected."

"From public documents I learn that the aggregate of hospital money collected from the merchant service for the year 1842 was $72,429 32, and the expenditure for the same year was $93,531 68; that the expense of sick and disabled seamen in the merchant service exceeded the receipts $21,102 36 for the year 1842, and for the half year ending June, 1843, the expenditure exceeded the receipts $9,129 77. Last year $25,000 were appropriated by Congress to

meet the deficit of the marine hospital fund; and unless some means be devised to prevent this annual deficit, it will probably increase from year to year."

Dr. R. suggests several modes of reducing the expenditures of the marine hospital fund, and also of increasing the receipts of the navy hospital fund, but we believe no action was had by Congress on the subject.—*Boston Med. and Sur. Jour.*

Medical Appointment in the Regular Army of the United States.—To persons desirous of entering the medical staff of the regular army, the following information from a responsible source will be acceptable:

It is prescribed by law that "no person shall receive the appointment of assistant surgeon in the army of the United States unless he shall have been examined and approved by an army medical board, to consist of not less than three surgeons or assistant surgeons, who shall be designated for that purpose by the Secretary of War."

Applications for permission to be examined for the appointment of assistant surgeon must be addressed to the Secretary of War; must state age and residence of the applicant; and must be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the medical staff. These proving satisfactory, invitations are accordingly sent to the applicants.

The medical board of examiners rigidly scrutinizes the pretensions of each candidate, taking into consideration his physical qualifications and moral habits, as well as his professional acquirements; and reports favourably upon no case admitting of a reasonable doubt, as the health and lives of the officers and soldiers are objects too important to be committed to ignorant and incompetent hands.

Section 8 of the army bill, approved February 11, 1847, authorizes the appointment of "two additional surgeons and twelve additional assistant surgeons in the regular army of the United States." After the promotion of two assistant surgeons to the advanced grade of surgeon, and the appointment of the candidates who were examined and found qualified by the last medical board, there will still remain nine appointments of assistant surgeons to be made under the provisions of the section just quoted.

An army medical board has accordingly been ordered to convene in the city of New York on the 15th of this month (March,) for the examination of such candidates as may be authorized by the Secretary of War to present themselves. Applicants from a distance are notified that, as the board will probably be in session for a month, they will be in time if they present themselves three weeks after the board shall assemble.—*Nat. Intel.*

Theatrical Performances at the New York State Lunatic Asylum. By D. Tilden Brown, M. D., 2d Assistant Physician.—Among the

moral agents employed in all well-regulated Asylums for the insane, to divert the deranged mind from its morbid concentration, by giving new direction to thought, and suggesting new sources of contemplation, amusements deservedly hold a high rank; and every appliance which conduces to gratify or create a capacity for enjoyment in the unhappy lunatic, however humble in itself, becomes a valuable adjuvant in the process of restoration. Varied as it may be by periodical diversions and occasional festivals, the hospital residence of the insane is necessarily, in a degree, monotonous and insipid. Separated by affliction from the world, with its ties, affections, and pursuits; excluded by misfortune from the usual sources of rational happiness, much of their life is passed in the gloom of despondency; in inward struggles with their emotions; in revolving cherished delusions; or in groping amid the darkness of fatuity. In removing or mitigating such conditions, mirth and recreation, no longer frivolousor puerile, become dignified as instruments of cure. They not only prove serviceable by presenting temporary enjoyment, but by creating a future in the mind absorbed in gloomy retrospect, or present wretchedness, and by furnishing cheerful attractions to the memory of those who drown all recollections of the past in apprehensions of impending evils. They impel the patient to the exercise of self-control, both by suggesting that propriety of behaviour which will secure participation in such privileges, and by engaging the attention to the exclusion of irrational thoughts. Though by some miserable victims of hopeless despair, all attempts to arouse their cheerfulness are viewed as cruel mockery of their sufferings, to many, such occasions are sources of unalloyed pleasure; and the aggregate gratification experienced by the insane in any entertainment, is probably but little less than would be manifested by an equal number of their more sane brethren.

With such an estimate of their value, the guardian of the insane seeks to accumulate sources of amusement that he may alleviate confinement and ennui, and at the same time so vary recreation that it may not satiate by its monotony. He thus opens a new world of pleasure to his charge, presenting enjoyments adapted to their mental condition, and their capacity to appreciate them. The character of these amusements is varied by manifold causes. Thus the whole system of recreation of any Asylum, may be influenced or decided by the temperament of its Superintendent; by the social position and former occupation of its inmates; or by the locale of the institution itself; while numerous minor agencies will affect the details of its operation. As a class, the amusements of the American Asylums rarely differ in a material degree, but a few find both advocates and opponents among the medical officers. Dancing, social parties, permitting the commingling of the sexes, fairs, and attendance on public entertainments, have been successively opposed and defended. When, however, it is remembered that many of the insane are but little separated from the rest of the world in their sense of propriety and correctness of deportment, there seems no reasonable objection, provided the indulgence

be limited to this class, to a participation in those amusements which employ so much of the time of the sane world.

In this country, where the utilitarian spirit of the national character exhibits itself, even under the disturbing influences of mental alienation, employment in industrial pursuits, as a moral agent in the treatment of this disease, proves far more efficacious, and in general, more alleviating to the patient than mere recreation. In northern latitudes, however, such occupation is generally confined, by the severity of climate, to a comparatively small portion of each year; and although some branches of industry employ a limited number of patients during the tempestuous season, reliance is mainly placed on those ornamental arts and intellectual diversions which may be comprised in the term amusements. But these, of themselves, become agreeable and inviting occupations, arousing the inert, and tranquillizing the irritable. In their nature, they should be such as will engage, without exciting, those to whom they are addressed; and, while permitting that restraining surveillance which their conditions require, will insure cheerfulness and mirth. Of the numerous source of amusement, combining present gratification and prospective benefit, which are available in an Asylum, none, perhaps, presents more decided advantages than dramatic representation. All the necessary *materiel* exists within the precincts of the institution itself, requiring only to be developed and set in operation. Among the throng which fill its halls, move the author and the actor, waiting only to be discovered by the discriminating tact of their guardians. There is the genius to create, and the talent to pourtray scenes of humor, sentiment, and pathos. From such convictions, the attempt has been made at the State Lunatic Asylum, during the present winter, to produce the exhibition of theatrical performances by the patients, for the twofold purpose of engaging some who pertinaciously object to all other employment, and offering an agreeable diversion to many others. These efforts have been attended with gratifying success, and the representations have realized the most sanguine hopes of the projectors. Original plays have been produced and enacted solely by the patients, and the approval of competent judges has pronounced the matter and the impersonation to be meritorious. The hope of approbation undoubtedly stimulated some to engage in this project, who might otherwise have declined; and the presence of the Managers of the Asylum with their families and friends, and, on one occasion, that of the Governor of the State, has gratified the desire, and fairly tested the feasibility of this enterprise. Although the performers consisted entirely, and the spectators mainly of patients, it is believed that an eyewitness of the scene, unconscious of these facts, would have discovered no indication thereof throughout the performance, or would have credited the assurance that the actors before him, and the spectators about him, were isolated from the world as victims of insanity.

The plays enacted thus far have been mostly humerous; caricatures of the follies of the age, burlesques on national characteristics, and ludicrous exhibitions of individual and sectional peculiarities. There

can be little doubt, however, that with the assistance of suitable appliances, pieces of higher pretensions, vaudevilles, melodramas, &c., might be successfully attempted.

Some patients have evinced a felicity in the conception and impersonation of the characters assigned them, not unworthy of professed representatives of the histrionic art.

Seventeen patients have assisted in these performances, some of whom have since recovered and left the institution. Others are convalescing, while to a smaller number, the Asylum will probably always prove a better home than the world with its turmoil can offer. Among these were individuals who believed, or had recently believed themselves to be the especial ministers of Divine will; exalted personages, Roman Pontiffs, or Secretaries of State; that by a wave of their hand they could control the movements of railroad trains, and vessels on the high seas; who had, previous to admission, been confined in chains, as dangerous, from their homicidal propensities; who insisted on their own idiocy and "inability to think," even while engrossed in the study of their parts; or whose ordinary conversation denied all attempts to trace coherence or point.

No injurious effects have, thus far, been discovered, and none are apprehended from the continuance of these diversions, if proper discrimination in the selection of performers, and admission of spectators, be exercised. On the other hand, undoubted benefits have accrued from the intellectual application, mental discipline, exercise of memory, and self-control of the performers, and from the diffusion of good humor and hilarity among the observers. The success of this attempt to remove the barrier which has hitherto debarred the insane from enjoyments of this nature, thus assimilating their condition more nearly to that of their sane brethren, is alike gratifying to the philanthropist, interesting to the philosopher, and encouraging to those whose duty and pleasure it is to "minister to minds diseased."—*N. Y. Annalist.*

Affection of Peyer's Glands in Adynamic Fever.—At a meeting of the New York Medical and Surgical Society, January 23d, Dr. Swett stated that he had lately had three cases of Typhus, throwing some light upon the pathology of the diease, especially as to the condition of Peyer's glands. The patients arrived in a vessel in which the disease had been very violent, the captain and all the sailors having suffered from it. In the first patient, no ulcerations were discovered, but some patches of Peyer's glands, near the ileo-cœcal valve, were enlarged and discoloured, being of reddish brown hue. In the second, a girl of 20, who had the ordinary symptoms, the glands of Peyer were very much inflamed and ulcerated. The third case was that of a boy, attacked in a week after landing, who had suffered much privation. At the time of his entrance into the Hospital, he was exceeding prostrated. Stimuli were given at once, and he improved considerably. He lived for a fortnight afterwards, and for the last week seemed constantly dying. A day or two before his death, lived discolorations of a linear form appeared about the upper part of the abdomen, as if

from the bursting of small veins. On post-mortem examination, no disease of Peyer's glands, whatever, was discovered, except that some of them were hypertrophied, the results, no doubt, of former disease. In the cœcum, there were about a dozen sloughing ulcers, irregular in shape, the largest of them about the size of a five-cent piece. Taking the three cases together, it appears that the disease, although of common origin, may or may not be attended with ulceration of Peyer's glands. This is in accordance with the opinion of the English, and opposed to that of the French Pathologists.—*Ibid.*

Professor Dudley's Operation for Stone by Lithotomy.—(Western Lancet, Jan., 1847.) Professor Dudley has recently performed the operation for stone in several instances, and with his usual success. He has now performed the operation on *one hundred and eighty-nine persons*, of whom one hundred and eighty-four have recovered. The last case from which we received particular information, recovered in less than a week. Twelve hours after the operation, the urine passed by the wound for the last time, and union by the first intention took place perfectly.

This remarkable success has not been attained by a *selection* of cases; on the contrary, we have the best authority for the declaration that he has operated on nearly every case that has been presented. He performs the lateral operation, and always employs the gorget.—*Southern Journal of Medicine and Pharmacy.*

A Case of Idiopathic Tetanus, treated successfully by Strychnine. By Edward Vanderpool, M. D. (New York Jour. of Med. Jan., 1847.—Was requested to see Mr. B., aged 58 years, segar merchant. Just one month ago he thought he took cold from sitting in front of his store in the evenings, from a chilliness creeping up the sides of his face, which continued for several days. This was followed by a sore feeling of the face, near the ears, and inability to extend the jaws, with a difficulty of swallowing. About this time, he commenced to fall backwards when walking, which he would do every few days from a sudden spasmodic opisthotonos attack. Two days ago he fell suddenly, in the same way, through the lower half of a window, breaking out both the sash and the glass, but without injury to himself.

I found him with tetanic expression of countenance, permanent rigidity of the masseter and temporal muscles, jaws nearly closed—could only show the edge of the tongue at its tip, which was much bitten, by being caught between his teeth whilst dozing--is frequently drawn, or, if standing, thrown backwards by spasmodic action of the muscles of the back. Bowels soluble. Pulse eighty, and soft. Has taken several cathartic doses of calomel since he felt unwell, and "a number of sweats." Prescribed strychnine in solution, the sixteenth of a grain every two hours.

14th October.—Doctor Fell happening to call on me, I invited him

to see the patient. 10 o'clock, A. M.—Took only three doses yesterday and one this morning. Found him with a handkerchief tied around his waist from bad feeling in the region of the diaphragm—produced, as he supposed, by a fall an hour before—rigidity of the jaws about the same; his teeth are worn off, to appearance one-eighth of an inch—thus allowing for the distance he can open his mouth. Spasms more frequent; takes fluid nourishment well. Bowels have moved. ℞. Stryc., one-fourteenth of a grain every two hours. 7 o'clock, P. M.—Jaws have yielded a little, but spasms have been very frequent. ℞. Stryc., one-twelfth of a grain every two hours.

(This treatment was continued with a gradual abatement of the symptoms until the 20th, when the patient was convalescent. He was discharged cured on the 22d.)

Within the last two years, two other cases have occurred in my practice. The lamented young S. Fox, aged 19 years, from an injury whilst bathing, died the fifth day; having been treated with tart ant., assafœt., laudanum and brandy. The other, a coloured woman, two months subsequent to young Fox, recovered. Both were traumatic tetanus. The woman had the opisthotonos form, permanent rigidity, with occasional spasmodic aggravations—especially of the diaphragm—which caused excruciating suffering. The fifth day, her jaws having become firmly closed, I concluded to take the responsibility and bleed her to the extent of a large wash-basin full, when her jaws yielded a little—say $\frac{3}{8}$ths of an inch—and this state of things I endeavored to maintain by tart. ant. She took 4 grs. in solution every hour and every other hour for two days without producing emesis, when, for fear of inflammation of the stomach, I suspended its use. Her convalescence was very slow, but her health has been good since.

N. Y., Oct. 10th, 1846.

P. S. Strychnine will not dissolve in water or alcohol. A good way is to add ʒj. acetic acid to ʒvij. aq., which will make a clear solution.—*Ibid.*

Fœtus, with left Arm partly amputated by the Funis coiled round it. (Dub. Quart. Jour. of Med. Scien., Nov., 1846.)—Dr. Beatty exhibited to the Pathological Society of Dublin, a preparation of a fœtus, of between the fifth and sixth months of utero-gestation, which he adduced in confirmation of the fact several years ago described by Dr. Montgomery, the spontaneous amputation of the limbs before birth. This specimen illustrates that process, and may help to explain why the fœtus is so often found maimed before it arrives at its full period. The left arm in this instance had been enveloped in a coil of the umbilical cord, which had so tightly constricted it as to cause the absorption of all the tissues with which it was in contact; this had occurred about the middle of the humerus, and, the soft part being removed, only the bone preserved the continuity of the limb.—*Ibid.*

Hospitals and Alms-houses in France.—The present number of hospitals or alms-houses in France is 1338, having a revenue of 53,632,992 fr. There are 39 institutions for the education of the deaf, dumb and blind youth of the kingdom, in which at present 1675 pupils are receiving instruction. The number of deaf and dumb persons in France is computed at 20,000 to 25,000, and the number of blind at 12,000 to 15,000. As to the *enfants trouvés*, the number cannot be accurately made out, but 123,394 have been received at the Foundling hospitals, of which there are 144, in a single year. The number of indigent lunatics is 12,286, who are supported by the government at an annual expense of 4,326,138 francs, and by humane and judicious treatment a large number of these unhappy beings are every year restored to reason, and to their families and society.—*Western Journal.*

Analysis of Gun-Cotton.—In a late English paper I observed an analysis of gun-cotton made by Professor Graham, of London. Exploded in a glass tube so as to collect the gaseous products, 53.33 grains of the cotton yielded 100 cubic inches of gas, of which the composition was as follows:

Carbonic acid, . . .	14.284, or 2 volumes;
Cyanogen, . . .	7.143, or 1 volume;
Nitric oxide, . . .	35.715, or 5 volumes;
Carbonic oxide, . . .	35.715, or 5 volumes;
Nitrogen . . .	7.134, or 1 volume.

Besides these aëriform bodies, a portion of oxalic acid is precipitated, and a considerable quantity of water results from the combustion.

Ibid.

Small-Pox.—M. Béhier, one of the physicians of *La Charité*, Paris, has had during the last few weeks several interesting cases of small-pox in his service. A female, twenty-eight years of age, slept for some nights next to the bed of a patient labouring under variola: one morning, in making up a bed, she touched his person. Twenty days after she was seized with chilliness, followed by heat and a sensation of general lassitude, with pains in the loins, felt particularly in movements of the limbs. She complained of soreness of the throat, with tolerably intense oppression; the tongue was white, the eyes weeping, and the palate the seat of papulæ. The most remarkable phenomenon in this case, and it is on this account that I have reported it, was the form and volume of the pustules, which were small, pointed, resembling simple acne, and not presenting the appearance of pustules with wide bases which are observed in variola. This modification in the eruption alone gave rise to some fears of unpleasant complications. And this is a character which it is well to bear in mind, that whenever the pustules present themselves in this way, there is reason to anticipate an abnormal march, or some grave epiphenomenon in the disease. The third day a violent delirium declared itself; the

patient jumped out of bed and ran across the ward. She complained greatly of her throat: her pulse was at first 74; then 84; then 90. Six leeches were applied behind each ear. Calomel was given internally; two large blisters to the lower extremities, after having previously used sinapisms. The third day after the delirium the pustules became less distinct, and the symptoms improved. This is a remarkable fact—the patient had been vaccinated, and should have had varioloid; but, on the contrary, her symptoms were exceedingly grave. It is generally the case, when a patient who has been vaccinated is attacked with variola, that the disease is more mild than if vaccination had not been performed. An opinion prevails very extensively among physicians, that in variola the pustule is umbilical, or pointed, and that it is not so in varioloid. This is proved to be altogether erroneous. In variola, umbilical pustules are but rarely seen, and the only real difference between it and varioloid is in the time of desiccation. In the former, between the eruption and the desiccation, there is a distinct period, while in varioloid the pustules appear, become dry, and the scales are formed and fall off very rapidly.

There should be no importance attached to the umbilical shape of the pustules in these diseases, according to M. Béhier, who has made extensive and careful researches on the subject, both at *l'Hospital Saint Louis* and *l'Hospital des Enfans*, where he has had numerous opportunities of observing these diseases. As a general rule, variola does not offer umbilical pustules. The history of this patient, after her recovery from variola, shows the possibility of complications posterior to the principal affection. The parotid of the left side of her neck inflamed, and the abscess was opened. Erysipelas seized first this side, and afterwards the other, and was followed by anasarca, which commenced in the face, obstinate diarrhœa, and albuminous urine. The same remedy was employed in this condition, as in a similar case supervening upon an attack of scarlatina: vapour baths produced sensible amelioration of the symptoms.—*Ibid.*

Treatment of Hydrocele.—In the treatment of hydrocele, M. Blandin does not believe that the nature of the liquid injected into the vaginal tunic exercises any sensible influence upon the results of the operation. He employs, with equal confidence, the vinous decoction of roses de Provins, tincture of iodine, etc. It is only necessary that the liquid should possess irritating properties, in a sufficient degree to provoke an adhesive inflammation, in order that its use may be followed by success. He prefers a simple mixture of three parts of water to one of rectified alcohol. This liquid possesses the advantage of being always at the hand of the surgeon, and not requiring, as the vinous decoction does, a manipulation more or less tedious; and what is of more importance, it possesses over the preparations of iodine the advantage of leaving no stain on the instruments or on the linen of the patients.—*Ibid.*